Pin I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

6702

06630

Pon	Diet	No	336
Keg.	Dist.	No	9.99

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED
COUNTY Wicomico	MARYLAND	STATE ME PETTO	nd county	Wiaomiao
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	ote limits, write RURAL en	d give nearest town)
OR end give nearest town) TOWN	(in this place)	OR		
HOSPITAL OR	38 yrs	Delm		X
INSTITUTION OR		STREET ADDRESS	(If rurel give	location)
STREET ADDRESS 110 East Str	eet	110	East Str	eet
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mont	h) (Day) (Yaar)
(m m 1 1 m 2 m 4 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	ington	Baker	OF DEATH J	une 16,1956
5. SEX 6. COLOR OR 7. SINGLE, MARI	RIED, 8. DATE		. AGE lest birthday	IF UNDER 1 YEAR JIF UNDER 24 HRS
Male White Regimes,	WORGED,	07 3005	~~	Months Deys Hours Min.
	ed June	27,1885	70 yrs.	
done during must of weathing life arms if	A INTERIOR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
retired) Laborer Fac	tory	Gumboro, Del		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Peter William Baker		Mary Jane	Evans	
	6. SOCIAL SECURITY NO.	17. INFORMANT & AI	DDRESS	
(Yas, no or unk.) (If Yes, giva war or detes of service)	219-05-9264	Tong Rok	er, Delma:	n MA
	18. MEDICAL CE	RTIFICATION	CI, Deama.	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		10	0	ONSET AND DEATH
IMMEDIATE CAUSE (A)	or over	y thrown	6-52	17 hours
ANTECEDENT CAUSE(S) DUE TO	67			
DISEASES OR CONDITIONS, IF ANY, (B)	Drain	artento	aleso.	
STATING UNDERLYING CAUSE LAST. DUE TO	1			,
(C)	1/			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a ACCIDENT WAS LINDERLYING TO 1 21h PLACE /Hor	me, ferm, factory,	21c. WHERE DID INJURY OCCUR	3 (6:4	YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	ZIC. WHERE DID INJURY OCCUR	(City or fown)	(County) (State)
	. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?	
	work at work	1		
22. I hereby certify that I attended the dece	ared from	10 54 in the	12/6 10x16	about the second of
		an 6 //		, that I last saw the deceased
alive on, 19, and	d that death occurred a	at	iuses and on the di ESS (Street, city, town	ate stated above.
Manual Ma		ABBR	ESS (Street, city, fown	, stete) DATE SIGNED
- //C/V/VW	M. D.	a com	out to	MA . E-/6-1
23. BURIAL/ CREMATION DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	REMATORY	LOCATION (City, town,	, or county) (State)
Burial (2-18-5)	o Byrd		Macna I	7.0
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E	25) SUNERAL DIRECTOR'S S	IGNATURE /	ADDRESS
- 1 10 5/2 Change	Ne day 1	My Chin	.000	10.11
DATE 6-19-06 MALLY C.	Tuesson	1110111111	NU DA	Wilma Kles

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BUREAU V. S.

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TALL STREET, SPORTS FOR A PROPERTY OF THE PARTY OF THE PA

MARYLAND STAYS DEPARTMENT OF HEALTH-DALLYRAM

CERTIFICATE OF DEATH

after death.

hin 24 hours

executed

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ppy may be retained by the hospital or attending physician.

TO ATTEND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

86631

Reg. Dist. No.

6793 CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	WOUNTE 1 (CO MARYLAND	STATEMARY LAKED COUNTY WICH	MKO
	CITY (If outside corporate limits, write RUP 105 LENGTH OF STAY OR end give naarest town)	CITY (If oulside corporete limits, write RURAL and give neare	est town)
X	OR and give nearest lown) TOWN TOWN TOWN TOWN STATE ST	TOWN MARPELO SPRING	w X
d)	HOSPITAL OR INSTITUTION OR STREET ADDRESS CORP. LOCAL ESCENT HOME	ADDRESS BRIDGE (If rural give location)	1
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Yaar)
	(Type or Print) WI LLIMY MASHINGTON	SENNETT DEATH JULGS	4 1916
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, Specify MARYED JULY	BIRTH 9. AGE last birthdey IF UNDER Months Vrs.	Days Hours Min.
7	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OR INDUSTRY	DORCAE (PLC, VIENNA). 12.	CITIZEN OF WHAT
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	4-9175
	WILLIAM H. BENNETT	REBELLA BRADLE	Y
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	W
0	(Yes, no, or unk.) (If Yes, give wer or dates of service)	MAPLE SHAPEDN VALLES LA	oren
50	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	TIFICATION	INTERVAL BETWEEN
	1190 × IMMEDIATE CAUSE (A) LOBAR	PNEUNIONIA	SASTA
M	ANTECEDENT CAUSE(S) DUE TO CEREBRAL DISEASES OR CONDITIONS, IF ANY, (B)	HEMORPHOGE	TWES
	STATING UNDERLYING CAUSE LAST. DUE TO CHRONIC (C)	MYOCARD ITIS	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
^	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0	NONE		YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY farest, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
		IF. HOW DID INJURY OCCUR?	
	M. While Not while at work at work		
	22. I hereby certify that I attended the deceased from JUNE	19 6 to JUNE 14, 19 6 that I	ast saw the deceased
1	alive on 19, and that death occurred at	735. Autrom the causes and on the date stated	
2	SIGNATURE 3	ADDRESS (Street, city, town, state)	DATE SIGNED
1-55 10M	17 Apthrong Man.o.	Marlela Abraigs	6/4/1
A15C 1-	23. BURIAL, CREMATION, PARE OF CEMETERY OR C	REMATORY (City Jown, or county)	(State)
	BURIAL HUNEVO, 1936 MARdeLA	(emelery MARdeLA)	JARUL-AND
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Hall 1 0 1 1	ODRESS / M
	DATE 11/2 11/2 11. Stolloway	MONOWAY LC. SALISD	1K4 1110

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MARYLAND STAYED IP ARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6646

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CERTIFICATE OF DEATH

		001	,	OFICE	11 10/	TIL OI DEF	****		Reg.	Dist. No.		
1.	PLACE OF DEATH COUNTY Wicomi	.co		MAR	YLAND	2. USUAL RESIDENCE o. STATE Maryla	The state of the s	sed lived. If institu b. COUNT	Y	omers		ion) V
	b. CITY OR TOWN ((If outside corporate limits,	write	c. LENGTH OF STAT	IN IP	c. CITY OR TOWN	(If outside cor	porate limits, write	RURAL an	d give nec	rest low	n)
	Salisb			9 month	S	Deal I	sland				MX	-2
	OR INSTITUTION	TAL (If not in hospitot, give Head State H				d. STREET ADDRE	SS					FARM?
	NAME OF DECEASED (Type or print)	First Willi	е	Middle Anna	9	losi Benton	4. DATE OF DEAT	м н Jun	anth	Do 25	ly	Year 1956
. :	Female	6. COLOR OR RACE 7. White	MARR			8. DATE OF BIRTH 1/1/1885		9. AGE (In year last birthday)	Manth			ER 24 HRS. Min.
0a	. USUAL OCCUPATI during most of wor Housew	ON (Give kind of work dan rking life, even if retired)	10b.	Housewor	. 1		Stote or foreign		12. 0	USA		COUNTRY?
3.	FATHER'S NAME	DEDREE.	n Z	3. HOR	NE	14. MOTHER'S MAIL	DEN NAME	MARGI	RET	- +	417	TCHE
S. (Ye	WAS DECEASED EVI	ER IN U. S. ARMED FORCES	57 16.	SOCIAL SECURITY NO	D. 17. I	Hospital R	lecords	Ac	Idress			
	18. CAUSE OF DE	ATH [Enter anly ane cause	per lin	ne far (a), (b), and (c)).]					INTE	RVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY:		Cerebral	thro	mbosis				ONS	er and	DEATH
	332	DUE TO		75								
	Conditions, if a	ony, which) (b)		Arteriosc	lero	sis, genera	1				?	
	gave rise to i cause (o), stating lying cause last.	mmediate (1/5	
CERTIFICATION	260 X PART II. OT	HER SIGNIFICANT CONDIT			ATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION G	IVEN IN P	ART I (a) I	PERFC	AUTOPSY DRMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injur	ry in Part I or P	art II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. gr. p. m.		20d. IN While at wark	Nat while at work	20e. PL.	ACE OF INJURY (Hame, ctory, street, affice bldg	farm, 20f. (C	ity or tawn)		(Caunty)		(State)
	21. I certify the alive on Ju	nat I attended the de	12 <u>5</u> 6		ept. I death	26, 19 55, to occurred at 9:		25 , 1950 om the causes	,that	l last so	w the	deceased ed above
	ACTUAL SIGNATURE	A. Malh	e,			M.D. Deer's		(Street, city or town	-		6,	ATE SIGNED 125/56
	PHYSICIAN'S NAME (Type)	L. V. Maldv	e, 1	M. D.		Salish	oury, Ma	ryland				
1-	REMOVAL (Specify)	6'/	16	22c. NAME OF CEM	OHI	R CREMATORY, VS CEM	/	ATION (City, town	or occupity	Lau	(State	e)
3.	FUNERAL DIRECTOR	es signature to	L	ADDRESS S	De	and 72 240.	REC'D BY REGI	STRAR 245. BEC	GISTRAR'S	IGNATUR 7	Pag	e Que

OBAIDED IN SECTION OF THE SECTION OF

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VS A1S (4) 15M 9/S5

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
5547	CERTIFICATE	OF DEATH		

0	06632
Reg. Dist.	No. 332

1	1. PLACE OF DEATH o. COUNTY				here deceased lived. If institution	ini Residence before admission)
1	WICOM	1100	MARYLAND	O. STATE	LAND 6. COUNTY	SAMEDSET
1	b. CITY OR TOWN (If outside	de corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IF	outside corporate limits, write RU	JRAL and give nearest tawn)
2	SRURAL and give nearest to		18 DAYS	PRIAIR	FSS AI	VNF 19x-2
	JALISBU d. NAME OF HOSPITAL (IF			d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
21	OR INSTITUTION		11	D. SIRCE ADDRESS		ON A FARM?
	PENINSUL	AGENER	AL MOSPITAL	1/1/		YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mant	h Day Year
	(Type or print)	CHARLE	-5.	ISOUNDS	DEATH JUN	E 17 1956
	5. SEX 6. C	OLOR OR RACE 7. MARR	RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALELL	HITE WIDOWE	ED DIVORCED	Aug. 13, 187	76 last birthday) 79 yrs.	Months Days Haurs Min.
1	10a. USUAL OCCUPATION (Gi during most of working lif	ive kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	retired pr	roduce brok	rer	Marylar	nd	U.S.A.
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN		Uabada
1	C was a ?	D Passada		0 33 37	1 7	
	15. WAS DECEASEDEVER IN U	D. Bounds	SOCIAL SECURITY NO. 17	Sally No	Addr	
)	(Yes, no, or unknown) (If yes,	give war or dates of service)	72			
	no r	no	no l	rs. Beulah	Bounds Princ	ess Anne, Md.
		Enter anly ane cause per lin	ne far (a), (b), and (c).]	0 -1	1 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (o)	bullera	& This	meloses	7 days)
	332 X	DUE TO				
	Canditions, if ony, w	datab A				
	gave rise to immed	ligte				
	caese (o), stoting the un	DUE TO				
	lying cause lost.) (c)				
	PART II. OTHER SIG	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3					YES NO I
	PART II. OTHER SIGNAL 200. ACCIDENT WAS UNI COR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING 20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Part I or Part II of item 18.)	
	UF EITHER, NOTIFY MEDIC	CAL EXAMINER)				
	20c. TIME OF INJURY ME	onth, Day, Year 20d, II	NJURY OCCURRED 20e. F	LACE OF INJURY (Hame, fare	m, 20f. (City or tawn)	(Caunty) (Slate)
	20c. TIME OF INJURY Mo	19 While	IAOI WIIIE	octory, street, office bldg., et	c.)	
	≥ p. m.	19 of wor	k at wark			
	21. I certify that I	attended the deceas	ed fram	, 19, ta	. 19	,that I last saw the deceased
	alive on 0	-// 19	56, and that deal	h accurred at 12	A.M., fram the causes a	nd an the date stated above.
	1		100		ADDRESS (Street, city or town,	state) DATE SIGNED
/	SIGNATURE CO	eller C	2. POlles.	In 5001	a DIINE 1	11. 6-17-56
	SIGNATURE		7	20.0		
	PHYSICIAN'S NAME (Type)					
		2b. DATE THEREOF	M- NAME OF CENTERS	OD COSTUTORY	Im Location (ch.	
	REMOVAL (Specify)		22c. NAME OF CEMETERY	OK CKEMATORY	22d. LOCATION (City, town, o	r county) (State)
		5-19-1956		y Cemetery	Mt. Vernon.	Maryland
1	23. FUNERAL DIRECTOR'S SIGN		ADDRESS	/	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
	News Kell	ilser	Princess An	ne, Md. DATE	1-20 136 Mar	4W- HELLOWAY

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	066
6649	CERTIFICATE	OF DEATH		g. Dist. No.

1. PLACE OF DEATH o. COUNTY	comico		MAR	YLAND	o. STATE	Maryl		d lived. If instituti b. COUNTY		e before adm	
b. CITY OR TOWN (IF RURAL ond give nec	outside corporote limi arest town) lisbury	s, write	c. LENGTH OF STAY	IN 1b		Salis		rote limits, write f	RURAL ond gi	ive nearest to	own)
d. NAME OF HOSPITA					d. STREET AD		- 1	Union Rd	.)	10	RESIDENCE /
3. NAME OF DECEASED (Type or print)	Fin MORR	it	Middle WILLIA		BROWN		4. DATE OF DEATH	JUNE		Day	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCE		8. DATE OF BIRTH	9. 19	08	9. AGE (In years last birthday) 48 yrs.		YEAR IF UN	NDER 24 HRS.
Farming	N (Give kind of work on the condition of	lone 10b.	KIND OF BUSINESS OF	OR INDUS	R.D.	# 1	Sali	sbury, Md	12. CITI	U S	AT COUNTRY?
13. FATHER'S NAME William T	homas Brow	n			Hannal			W			
1S. WAS DECEASED EVER (Yes. no. or unknown) (I	IN U. S. ARMED FOR f yes, give wor or dotes of se		SOCIAL SECURITY NO			J.		(Wife) R	.D.# 1	(Unic	n Rd)
Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	mediole (ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASI	E CONDITION GIV	/EN IN PART	PER	
	MEDICAL EXAMINER)	(2.4)	RIBE HOW INJURY C								
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yea	v 20d. IN While of work	Not while at work	20e. PLA	ACE OF INJURY (He tory, street, office b	ome, farm, oldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the alive an	June 17,1	., 194 ————————————————————————————————————		death	Salish CREMATORY	Mai	M, from DORESS (SI n St Mary 22d. LOCAT	isbury,	and an the stole)) or county)	June /	
HOLLOWAY & C	OMPANY FUN	ERAL	HOME-SALIS	BURY	7 3/17		-18-5	. ()	111001	Olas	10000

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PERFORMED? YES NO

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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			Cat per Vision
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5M 9/55

Reg. Dist. No. 332

o. COUNTY Wi.	comico		MARYLAND	o. STATE Maryl		b. COUNTY		And the second s
b. CITY OR TOWN	Ilf outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		te limits, write		
Salisb	ury		$\frac{1}{2}$ hr.	Selbyvil:	le		é	23 x - 2
			pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Peninsu	la General	Hospi	tal	RFD#	2			YES NO
3. NAME OF DECEASED (Type or print)	Fir Anna	st	Middle Mae (ustis	4. DATE OF DEATH	Manth 6		Pay Year 23 19 56
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		AGE (In years ost birthday)	IFUNDER TYPE	
F	0	WIDOWE	DIVORCED [ec 29, 1954	1	yrs.	Months Do	ys Hours Min.
100. USUAL OCCUPA	TION (Give kind of wark	dane 10b. I	(IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign count	(7)	12. CITIZEN	N OF WHAT COUNTRY
Child	king life, even if retired)		None	Whaleysvil	lle. Md.		U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Warne	r Custis			Martha	Smi th			
15. WAS DECEASED I	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IP	IFORMANT		Address		
No	None	service)	None Mar	tha Custis,	Selbyvi	lle. De	1.	
18. CAUSE OF DE	ATH [Enter only one cou	se per line					1	INTERVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY:	Cr	ushed skull					Sudden
1830X	DUE TO		Wallett Bruit			1 41		Buanen
Conditions, if								
gave rise to imm	rediote cause							
(a), stating the cause last.	underlying							
PART II. O	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CO	NDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL C	AUSE WAS	b. DESCRIBI	HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt t or Part II of i	tem 1B.)		
		Child	playing under	car that ba	cked ove	r it.		
20c. TIME OF INJ		or 20d.	NJURY OCCURRED 20e. PLACE	E OF INJURY (Home, for	m, i 20f. (City or	lown)	(County	(State)
Hour o. m	6 23 19	5 dat we	INGI WATER	ory, street, office bldg., etc. and of home.	Selby	ville	Suggex	oo Dalla
21. I certify	that I took charge		remains described abo				Inquiry	
	d from: Natural	part .		ide [], Homicide				
	6 01	.//						
ACTUAL SIGNATURE	Fait h	YC	my had	CHIEF MEDICAL E	XAMINER [DATE SIGNED
SIGNATURE				ASSISTANT MEDICAL				
EXAMINER'S NAME (Type)	arl L. Rove	26 76 7		DEPUTY MEDICAL		1000	6-21	6 = 6
22a. BURIAL, CREMAT	ION, 226, DATE THEREC		22c. NAME OF CEMETERY OR		22d. LOCATION	(City, town, o		(State) /
REMOVAL (Specif	1 6-26	-5%	Mission Cen	no tonis	19	Lohn	7/8	hid
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS	7 / 240. REC	D BY REGISTRAR	246 REGIS	TRAR'S SIGNA	TURE / A
Hound	H Water	1/ /	Franke	Mal DATE	-26-5%	Mis	11/11)	Hxllon
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PEDICAL EXAMINER'S CERTIFICATE OF DEATH

The provident identification



JUN 28 1956



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. K.

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	3	forwords, the Chief Medical Exominer's Office along with farm PM3. Page 5 may be retained for your files.	8	
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-	cute the Tarafficate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral a refer. Poge 4		-	
S TO BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay pecessary, p			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta byrfal,	
VS	. A	15/	ME(5
		0/	23	

						NT OF HEALT CERTIFICA			18 Reg. Dist	2:	640	
	LACE OF DEATH					2. USUAL RESIDENCE (Where decease			e before ad	nission)	
	Wi Co	omico		MARY	LAND	o. STATE Mary	land	b. COUNT		ester		
b	. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	e RUPAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside cor	porote limits, write	RURAL and g	ive nearest l	own)	
	Sharptown					Finchy:	ille			-09	X - 2	
d		n drawbrid		oital, give street address	1)	d. STREET ADDRESS				10	RESIDENCE N A FARM?	V
3. 1	NAME OF	Fir		Middle		Lost	4. DATE	Month		Doy	Year	
	DECEASED Type or print)	Willie	Cliff	ord F	ri el	dmer	OF DEATH	6	_16_		19 56	
5. S	EX			D NEVER MARRIED	-			9. AGE (In years	IF UNDER TY	EAR IF UN		
	М	C	WIDOWED	DIVORCED [April 3, 195	54	last birthday) 2 yrs,	Months Do	ys Hours	Min.	
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. K		NDUSTR	Y 11. BIRTHPLACE (Slot	e or foreign o		12. CITIZE	N OF WHA	T COUNTRY?	;
d	uring most of working	g life, even if retired)		None		Y 11. BIRTHPLACE (SION	arvlar	nd	TI.S	5.A.		
-	FATHER'S NAME					14. MOTHER'S MAIDEN		-	0,,	- 6 2 2 6		
10	Cliffe	ord Fielder	•			Goldie N		ails				
15.		R IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT	ICO GCC	Address				,
{Yes.	no, er unknown) No	(If yes, give war or dates of		None	CI	Lifford Fiel	Lder, F		urg, Mo	l., R.	F.D.	4
		H [Enter only one co	se per line f	or (o), (b), and (c).]						INTERVAL BETY	VEEN EATH	
1	PART I. DEATI	H WAS CAUSED BY:	Dro	wning						Sudd		
7	824X	DUE TO			77		17.14					
	Conditions, if an	y, which) (b							100			
	gove rise to immed (a), stating the u	iote couse										
	couse lost.	(c						N PLSEN				
MEDICAL CERTIFICATION	PART II. OTH			NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINALDISEAS	E CONDITION GIV	EN IN PART 1	o) 19. WAS PERF YES	AUTOPSY ORMED?	
LIFIC	20g. EXTERNAL CAU	SE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of injury in Po	ort 1 or Port II	of item 18.)				-
CER	CAUSE OF DEATH.		gagan	ran in ann	that	ran through	sh how	i anda af	0 00 00	ما در صد داد		
N.	20c. TIME OF INJUR		or 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, for	m, i 20f. (City	or town)	(Count		(State)	
(ED)	Hour c. m.	6_16 19	56 ol wor	Not while	_	ry, street, office bldg., et			747.9	551	26.2	
<			7-1			wbridge e, held an Autop		rptown	Wicomi		find that	
				, Accident X,				ndetermined c		unid	ma mai	
	deam resoned	0	4	Accident La	3010	ide [, Floinicid	е L., О	ildererillined c	позе <u> </u> .			
	ACTUAL SIGNATURE	Ful	L	1mg		M.D. CHIEF MEDICAL	EXAMINER [DATE	SIGNED	
						ASSISTANT MEDIC	CAL EXAMINE	R 🔲	6_18_	56		
	EXAMINER'S NAME (Type)	arl L. Roy	er. M.	D. 0		DEPUTY MEDICAL	EXAMINER		0-10-	-)0		
220		June 19,	OF	22c. NAME OF CEMETE	RY OR C	Col. Cemete:	123d. LOCA	TION (City, town, o deralsbur	g, Mar		ite)	
	FUNERAL DIRECTOR'S			ADDRESS		24a. REC	'D BY REGIST	RAR 245. REGIS	TRAR'S SIGN	ATURE		
J.	J.Frampto	m and Son,	Feder	alsburg, Ma	ryL	and DATE	205	6 Mars	UN. A	tello	ray	

ARRY AND STATE DEPARTMENT OF REALTH—SALTIMORE,) & MEDICAL SYAMINISTS CERTIFICATE OF DEATH

BUREAU V. E.

DECENTED

El My

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06641

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	6655	CERTI	FICA'	TE OF DEAT	H		Reg. Dist. N		32
o. COUNTY	120	MARY		O. USUAL RESIDENCE (V. STATE	,				
b. CITY OR TOWN (If outs RURAL ond give neorest SALISBURY	town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		e limits, write RUR	AL ond give	nearest tov	vn)
d. NAME OF HOSPITAL JIF OR INSTITUTION PENINSULA	GENERAL	HOSDITAL		d. STREET ADDRESS R. D. 带	2			ON	A FARM?
3. NAME OF DECEASED (Type or print)	PLTER	Johnathan		4199S	4. DATE OF DEATH	June	16	Day	Year 1956
S. SEX 6. C	4 1 -	RRIED NEVER NAME OF THE PROPERTY OF THE PROPER		DATE OF BIRTH ugust 9, 18	9.	1 4 1 4 4 1 4 1	Months Day		
10o. USUAL OCCUPATION (G during most of working li Box Maker (Er	le, even if retired)		CO.		e or foreign coun Maryland		12. CITIZEN		T COUNTRY
Joseph Figgs	3			14. MOTHER'S MAIDEN Rosa Pa					
(Yes, no. or unknown) NO (If yes,	J. S. ARMED FORCES? 1	s. SOCIAL SECURITY NO	Mrs Mrs	ormant Dorothy F	iggs (Wif	e) R.D.		lshop,	, Md.
18. CAUSE OF DEATH [PART 1. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	line for (o), (b), and (c).	leal	Infact	L, ac	eb	II O	NTERVAL B	BETWEEN D DEATH DULLS
Conditions, if ony, w	liote	rteuse	Cerox	lie Cocon	au th	Comba	es	, ,	
lying cause lost.) (c)				0				
CATIC	GNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER/	MINAL DISEASE C	ONDITION GIVEN	I IN PART 1(o	19. WAS PERF	ORMED3
OR CONTRIBUTING C	AUSE OF DEATH	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	n Port I or Port II	of item 18.)			
20c. TIME OF INJURY M Hour o. m. p. m.	Whi	INJURY OCCURRED Not while ork of work	20e. PLAC foctor	E OF INJURY (Home, far ry, street, office bldg., e	rm, 20f. (City or	town)	(Count	ty)	(State)
21. I certify that I	attended the deced	ised fram.	docth	, 19, to;	-	, 19,			
ACTUAL SIGNATURE	956	Ilis, J	M.	5a		he causes and t, city or town, sto			DATE SIGNE
PHYSICIAN'S Dr.		llis M.D.		Medical	Center	- Salist	oury, 1	(aryl	and
220. BURIAL, CREMATION, 2 REMOVAL (Specify) Burial	June 2019			REMATORY netery		N (City, town, or lisbury,	Maryl		ite)
23. FUNERAL DIRECTOR'S SIG HOLLOWAY & COL	nature VPANYK FUNER	ADDRESS AL HOME- SA	LISBU	RY, MD. DATE	C'D BY REGISTRAI	R 246 REGISTE	RAR'S SIGNAT		lance

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9551 67 NNf				
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DECENATED		A TOP OF	ŧ	

22c. NAME OF CEMETERY OF CREMATORY

Wicomico Memorial

956

ADDRESS

FUNERAL HOME-SALISBURY.

FUNER ന page 0 VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF

COMPANY

REMOVAL (Specify) Euria

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No.

86642

Wicomico . IS RESIDENCE ON A FARM? YES NOT Day Year th 56 10 IF UNDER 1 YEAR IF LINDER 24 HPS Days 12. CITIZEN OF WHAT COUNTRY? IT S A S. Division St INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES M NO (County) (Stote) 1956 that I last saw the deceased DATE SIGNED June 25, 1956

(Stote)

22d. LOCATION (City, town, or county)

Salisbury, Maryland

245. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

DATE

OF DEATH	CHETHICATE	4 13	
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may be retained by the haspital or attending physician. TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death. ifter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

63

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6657

CERTIFICATE OF DEATH

16643 Reg. Dist. No. 337

1.	PLACE OF DEATH D. COUNTY WICOM	ico		MAR	YLAND	a. STATE	pence (wh	ere deceased	l lived. If instituti b. COUNTY		omico befor	re odmiss	ion)
	b. CITY OR TOWN (IF RURAL and give need		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	utside corpo	rate limits, write R	URAL ond	give nea	rest tawr	1)
4	Salisbur			9 days		Sha	arpto	wn					X
	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)		d. STREET A				51. 1		e. IS RES	IDENCE
L		a General	L Ho	spital		Mair	1						NO K
3.	NAME OF DECEASED	Fi	st	Middle		Los	it	4. DATE	Man	ith	Da	у	Year
	(Type or print)	Mary		Margare	et I	Fletche	er	DEATH	June		23		19 56
5.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRI	ED 🔲 8	. DATE OF BIRT	н		9. AGE (In years last birthday)	IF UNDER			
	Female	White	WIDOW	ED DIVORCE	D 🔲	July 2	2.191	0	45 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	At Home	ing me, even it remed		Home		Shar	rptow	n, Mo	ì		USA		
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Carl	H. Bennet	tt			C.	lara	Brad	ilev				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT			Add				_
	No			20-26-35]		Elva F	letch	er,	Sharpto	wn,	Mar	ylar	ıd
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), ond (c)	.] 0	()	0	1	·_ 4	1	INTE	RVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	, (0	venoma	of	Corvert	_ 0.	tage	IV Inad	OTV	UNS	ET AND	DEATH
	171X	DUE TO			0		2	0	1 -				-0-3
	Conditions, if an	y, which) (b	, 7	brombosis	- of	left	leme	al C	titery				
Н	gove rise to in catte (a), stating t	nmediate (4 4 4	. 05	4 - 1		- 00	000				
	lying couse lost.	(0)	Melalashi	10	irsinon	in l	o be	caali				
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY RMED?
3													NO D
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter nature o	of injury in P	ort I ar Part	If af item 18.)				
	20c. TIME OF INJURY		ar 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm.	20f. (City	or tawn)	10	County)		(State)
MEDICAL	Hour o.m.	19	While	Nat while	fact	ory, street, office	e bldg., etc.)		,	,,		(0.0.0)
5													
	/	at I attended the	deceas		7	, 1922	, to @	/23	, 19_5	that I	last so	w the	deceased
	alive on	700	, 12	ond that	death	accurred at	0-1	M, from	the causes o	and an t	he dat	te state	ed abave.
	ACTUAL	1.00.	8	L) macle		700	0.	1	reet, city or town,	state)		0/	ATE SIGNED
	SIGNATURE	V Wilam	0.	· O o r (u.o.)	A	I.D	OCAM	MEN	AUE.				
L	PHYSICIAN'S W	illiam S	. Wo	mack		5,	alist	DURY	MAR	YlAn	d		
22	G. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(State	e)
	Burial	6-26-5	6	Firem	an			Sha	rptown,	Mar	yla	nd	
23	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS			240. REC'E	BY REGIST	RAR 2410 REGI	STRAR'S SI	GNATUR	RE/	
6	Karles	W. Max	rel	- Thank	Tou	n mi	DATE	2810	56//4	KIL I	4.5	tall.	7120011

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06645 6659 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland COUNTY 6 Wicomico 6 COUNTY ALABYI AND Worcester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) 5vr. 2mo. 3 days Pocomoke City. Maryland P Salisbury, Maryland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 301 Clarke Ave. Deer's Head State Hospital YES NO T NAME OF Middle 4. DATE Month DECEASED GIBSON/ (Type or print) Martha Ames DEATH June 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdov) Months Days Sept. 23. 1979 Female White WIDOWED KT DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) TISA unk Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ģ Samuel Hardestv Martha A. Poor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital Records unk unk 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and, (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO M 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour a. n. While Not while ot work of work June 20, ... 19⁵⁶ that I lost saw the deceased 21. I certify that I attended the deceased from Apr. and that death occurred at 12:45F M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL Salisbury, Maryland PHYSICIAN'S Robert J. Gore, M.D. NAME (Type) 22a. BURIAL, CREMATION. 225 NAME OF CEMETERY OR CREMAJORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Dalim m & Camelin 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

JUN 25 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66646

6660 CERTIFICATE OF DEATH

Reg. Dist. No. 332

4		
. 6.40	1. PLACE OF DEATH: 2. USUAL	RESIDENCE (HOME) OF DECEASED:
0 P	COUNTY WICO MARYLAND STATE	YIRGINIA COUNTY ASCOMACK
7 7		outside corporate limits, write RURAL and give nearest town)
am	12 TOWN SALISBURY TOWN	OAK HALL 83X 3
64	HOSPITAL OR HOME STREE ADDRE	
Icar	TO STREET ADDRESS REVERSIDE CONVELESCENT	√
11	3. NAME OF (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)
במר	(Type or Print), RANK (TLAGAIN	9 DEATH JUNE 14 1956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
2	MALE White (Specify) Widowed Sept. 21, 187.	21 7.3 yrs. 9 23
n se	work done during most of working life. OR INDUSTRY:	PLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Z /	even if retired): Lumberman Fleming Bros. VIR	91N1A U.S.A.
riie	13. FATHER'S NAME:	ER'S MAIDEN NAME:
רב	GEO. WIGLADDING VAL	LY STOCKELY
WIT	13. WAS DECEASED EVER IN U.S. ARMED FORCES! IN SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	RMANIT & ADDRESS:
0	of service)	real Gladding (Inf Hall, Va
Tea.	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4	3314	ONSE! AND DEATH
112	IMMEDIATE CAUSE (A)	mornage walks
RIO I	ANTECEDENT CAUSE (8)	
7 28	DISEASES OR CONDITIONS, IF ANY, (B)	
4	STATING UNDERLYING CAUSE LAST.	
111.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rea	TO THE DEATH BUT NOT RELATED TO THE	(Kotonin polarosis
1DO	DISEASE OR CONDITION CAUSING DEATH, TO PROVIDE THE STATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	OVOCOUNTED & 20.
0	7	20. AUTOPSY?
1113	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. W	HERE DID (City or town) (County) (State)
ecia		Y OCCUR?
esp	21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED 21f. HOW	W DID INJURY OCCUR?
00	M. at work at work	- 11,1 -
9	22. I hereby certify that I attended the deceased from 6. 19.	, to, 19.6, that I last saw the deceased
व्य	alive on	from the causes and on the date stated above,
200	SIGNATURE 10 /M /Spare - I /m	ADDRESS DATE SIGNED
COLL	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CRE	MATORY LOCATION (City, town, or sounty) (State)
	REMOVAL (SPECIFY)	Color (city, town, or jounty) (state)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUN	IERAL DIRECTOR ADDRESS ()
	REGISTRAR (U-A-1 Many 1) Hallow 1	

BULE UV. S.

9961 03 NII

DECENTED

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				CERTIFI	CAI	E OF DEATE	1		Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY	Vicomico		MARYLA	- 11	o. STATE Maryl		d lived. If institution b. COUNTY		ice befo		ion)
	RURAL ond give no	If outside corporate limi earest town) Salisbury	ts, write c.	LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	200111100	rote limits, write R	URAL ond	give nec	rest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pen. Gen. Hospital					d. STREET ADDRESS	Anne S	it.			e. IS RES ON A YES	IDENCE FARM? NO TO	
3.	NAME OF DECEASED (Type or print)	Fir HDN		Middle WHITE	GK	OSWELLEN	4. DATE OF DEATH	JUN		Do 24	4.3	Yeor 19 56
	Female	6. COLOR OR RACE White	WIDOWED [Tune 4, 1894	-	9. AGE (In years lost birthdoy) 62 yrs.	Months	Days	Hours	R 24 HRS. Min.
H		ON (Give kind of work king life, even if retired Operator)	done 10b. KIN			11. BIRTHPLACE (Stote R. D. #1 Sal	Lisbur	ountry) ry (Wor. Co.			US	COUNTR
	Lawrence	Bates McGr				Laura Mori						1
15. (Ye	MAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOC			RMANT N. Ardie Gos Salisbury	welle	n(Husband		l Ar	ne S	t.
	PART I. DEA 2 0 4 , / Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediate the under-	gasty M	ro-Intest yeloblast	1'0	and Cereh Leuke	ral em, a	Hemorr		ONS 2	LY M	DEATH 1YE.
CATION	Di	rerticuli	tis			T RELATED TO THE TERMI			EN IN PAR	T 1(o) 1	PERFO	RMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	HOW INJURY OCC	URRED. (E	nter nature of injury in f	Port I or Por	t II of item 18.)				
MEDICA	20c. TIME OF INJURY Month, Day, Year Not while Not while of work of wo											
	21. I certify the alive on 25 acrual signature Physician's NAME (Type) D2	Homas	. 1256 C.			curred of 7:00F	M, fran ADDRESS (Si	n the causes a treet, city or town, St. (Of	nd an t	he da	le state	ed abav
	BURIAL, CREMATIC REMOVAL (Specify)	June 27.		c. NAME OF CEMETER		EMATORY	22d. LOCA	TION (City, town, o		Land	(Stote	:)
23.	FUNERAL DIRECTOR	S SIGNATURE	ATESTS ATEST	ADDRESS	TTTTT	24a. REC'I	D BY REGIST	RAR 24b FGIS	TRAR'S SH	GNATU	EDO	

DATE

may be retained by the haspital ar attending physician.

TO FUNERALL PRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shows be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page VS A15 (4) 15M 9/SS

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06649 Reg. Dist. No. 332

1. PLACE OF DEATH o. COUNTY	Wicomico		MARYL	AND	2. USUAL RESIDENCE (Mary	there decem land	sed lived. If institu b. COUNT		icomic	
b. CITY OR TOWN (If out	side corporate limits, write Salisbury	RURAL	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (IF	outside cor	porale limits, write	RURAL ond	give neares	town)
d. NAME OF HOSPITAL	or institution (ii Pen. Gen.		. m		d. STREET ADDRESS o. IS RESIDEN ON A FARM YES NO					ON A FARM?
3. NAME OF DECEASED (Type or print)	FULTON		Middle EVERETT		GRIFFIN	4. DATE OF DEATH	JUI		Doy 13	Year 19 56
5. SEX Male	. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	8	9. AGE (In years lost birthday) 48 yrs.	Months D	YEAR IF U	NDER 24 HRS.
log. USUAL OCCUPATION during most of working li Salesman	ife, even if relired)		nd of Business or in L. Ruark & C		Berlin, M			12. CITIZ	U.S.	A COUNTRY?
13. FATHER'S NAME Sewell B. (Griffin				14. MOTHER'S MAIDEN N Anna Mae		way			
15. WAS DECEASED EVER (Yes, no, or unknown) (If	IN U. S. ARMED FOR you, give wer or dates of s	CES? 16. SC	OCIAL SECURITY NO.	17. INI Mr:	Salisbury	riffi Mar	n(Wife)	506 Tr	uitt S	St
PART I. DEATH Canditians, if ony, gave rise to immediat (a), stating the und cause last.	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which le cause lerlying DUE TO			ara	chnoid hemor	rhage			Hour	DEATH
PART II. OTHER		ITIONS CON	TRIBUTING TO DEATH	BUTNO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	RFORMED?
20a. EXTERNAL CAUSE PRIMARY OF OF CONTR CAUSE OF DEATH.	WAS 201	. DESCRIBE H	OW INJURY OCCURRI	ED. (En	ter nature of injury in Part	I ar Part II	af ilem 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. IN. While at wark	Not while	- PLACE foctor	OF INJURY (Home, farm y, street, affice bldg., etc.	20f. (City	or tawn)	(Caur	ity)	(Stale)
	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .									
ACTUAL	Engl L	- 12	myer		M.D. CHIEF MEDICAL EX		. 365C		DA	TE SIGNED
EXAMINER'S Dr.	Earl L. R	loyer	M.D.		DEPUTY MEDICAL E	principal areas		June	15	1956
220. BURIAL CREMATION, REMOVAL (Specify) BUITAL 23. FUNERAL DIRECTOR'S S HOLLOWAY & CO	June 16,1	956	Wicomico M ADDRESS HOME—SALISB	lemo:	rial Park 24c. REC'E		TION (City, town, alisbury, RAR 24b. REGIL		land	State)
					DATE 6	18-3	o j zna	ry A	120-	Loway

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D	ote	N LE	2
0	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dimer. Page 4 should be	4	0
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please ex-		farwarded The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fill	
VS	. A	154	AE(
	SM	91	55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6554MEDICAL EXAMINER'S CERTIFICATE OF DEATH Req

	1	6	337	
Reg.	Dist.	No.	332	

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Wicomico							
Wi comi co b. CITY OR TOWN (It outside corporate limits, write RURA		Harviana Wicomico							
and give nearest town) Salisbury		1/1							
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. Street Address le. IS RESIDENCE							
507 Camden Ave.		507 Camden A	ve.	YES NO					
3. NAME OF First DECEASED (Type or print) John	Middle Kirk G	Lost 4. DAT OF DEA	E Month	Day Year 23 1956					
	AARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER						
M WIE	OOWED DIVORCED	June 6, 1893	fost birthday) 63 yrs. Manths (Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTI Hardware	11. BIRTHPLACE (State or foreign Maryland		U.S.A.					
13. FATHER'S NAME Louis W. Gunby	7	14. MOTHER'S MAIDEN NAME Frances G	raham						
15. WAS DECEASED EVER IN U. S. ARMED FORCES		FORMANT Joseph Y. Gumby	Address Same						
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion								
DUE TO				Sudden					
Canditians, if any, which) (b)									
gave rise to immediate cause (a), stating the underlying DUE TO									
couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITION	1(o) 19. WAS AUTOPSY PERFORMED? YES NO X								
PART II, OTHER SIGNIFICANT CONDITION OF THE PRIMARY A OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED. (Ed	nter noture of injury in Part I or Par	rt II af item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m.	20d. INJURY OCCURRED While Not while ol work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(Cau	nty) (Stote)					
21, I certify that I took charge of		ve. held an Autopsy .	Inspection . Inquir	y 17, and find that					
death resulted from Notural cous									
l vi									
ACTUAL SIGNATURE	1000	CHIEF MEDICAL EXAMINER		DATE SIGNED					
	0	ASSISTANT MEDICAL EXAM	INER						
EXAMINER'S NAME (Type) Earl L. Rover.	M.D.	DEPUTY MEDICAL EXAMINE	6_	25-56					
220. BURIAL, CREMATION, 22b. DATE THEREOF 6/25/195	6 Pa rsons C	CREMATORY 22d. LC	Salisbury, Mar	rland (Stote)					
23. FUNERAL SIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REC	GISTRAR 24b. REGISTRAR'S SIG	NATURE					
surge C. A	Lell'	DATE 0-26-	56 Mary W. A	tolloway					

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1. PLACE OF DEATH

MARYLAN	ID STATE DEPARTM	ENT OF HEALTH—BALTIMORE,	
6665	CERTIFICA	ATE OF DEATH	16651 Reg. Dist. No. 332
omico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUN	
outside corporate limits, writerest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)
AL (If not in hospital, give str REPNERAL	Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
ANNIE	Middle	HALL. 4. DATE MOF DEATH JUNE	Month Doy Year 1956.
1111	MARRIED NEVER MARRIED OWED DIVORCED	Ty I IS I XX I IOST DIFFIDADY	ors IF UNDER 1 YEAR IF UNDER 24 HRS. y) Months Days Hours Min.
N (Give kind of work done) ng life, even if retired) A S E W/F	10b. KIND OF BUSINESS OR INDUS	STRY 11. SIRTHPLACE (State or foreign country) SANFORD VIRGI	12. CITIZEN OF WHAT COUNTRY?
ONDL	EWIS	14. MOTHER'S MAIDEN NAME SUSAN PA	RKS
IN U. S. ARMED FORCES? f yes, give war or dates of services	16. SOCIAL SECURITY NO. 17. IN	DARIES T. HAL	La CWITHAMS, Va.
H [Enter only one couse pe	er line for (0) (b), and (c).]		INTERVAL BETWEEN

	WICOMICO	MARYLAND	VIRGINIA	b. COUNTY ACA	MAC					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and g	ive nearest town)					
2	SALISBURU		WITHAMS.	8	3 X - 3					
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	ENINSULA GENERAL H	ospital			YES NO					
3	NAME OF DECEASED (Type or print)	Middle	HALL OF DEATH	Month	Day Year 15 1956					
5	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF SIRTH		YEAR IF UNDER 24 HRS.					
	FEMALE white WIDOWE	D DIVORCED	JUL 13/880	lost birthday) Months	Days Hours Min.					
, 10	do. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. 8IRTHPLACE (State or foreign c	ountry) 12. CITI	ZEN OF WHAT COUNTRY?					
	WOUSE WIFE	OWN	SANFORD	VIRCINIA	218a.					
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Ш	RAYMOND LE	EWIS	SUSAN	1 PARKS						
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	NFORMANT	Address						
3	(st_no, or unknown) (If yes, give war or dates of service)	grone	DARIES T.	HALLIN	ITHAMS, VO					
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a) (b), and (c).]		1	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Pentintly; generalist.									
	200,0 DUE TO 2 4 1 1 1 1 1									
	Conditions, if any, which) (b) Retrember Cell Sesayrome, Intertines									
	gove rise to immediate codes (a), stating the under-lying couse last. DUE TO (c)									
2	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?					
2					YES NO NO					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	or town) (Co	ounty) (State)					
	21. I certify that I attended the decease	ed from 5 - 22	, 1956, 10	, 19,that 1 lo	ost saw the deceosed					
	olive on		occurred ot 12'NPM, from							
	1 (1)	RY		treet, city/or town, state)	6/16/ BATESIGNED					
	SIGNATURE William	10 my	M.D. Med Center	. Salielian	med.					
	PHYSICIAN'S									
L	NAME (Type)									
2	REMOVAL-REPORTED 1	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCA	TION (City, town, or county)	((Styfle)					
L	BURIAL JUNE //	954 DOWN	UNG EM U	4K THALL	, 19					
32	EUNPRAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D 8Y REGIST	TRAR 246. REGISTRAR'S SIGI	NATURE					
*	seny towassor	, Tocomin	e 1110, DATE 6-19-5	6 Thay h	. Holloway					
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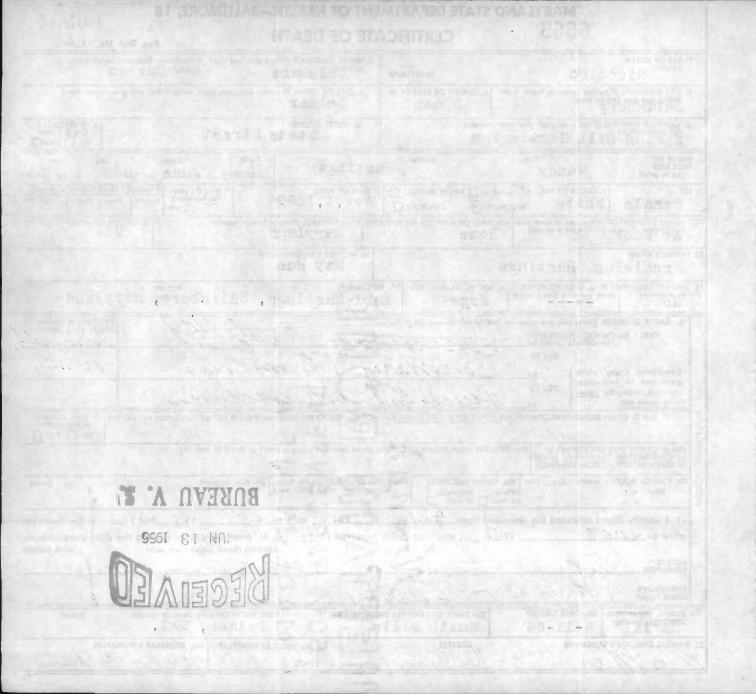
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

66653

	6668	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No. 332			
1. PLACE OF DEATH o. COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Marylane	- h COUNT	tion: Residence before admission)			
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Salisbury	prote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hor in			d. STREET ADDRESS 4321 Park	ton Street	o. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	First Roy	Middle	Hardesty	4. DATE Mo OF DEATH June				
5. SEX 6. COLOR C		DIVORCED	8. DATE OF BIRTH 8/25/1887	9. AGE (In yeors lost birthday) 68 yrs				
10a. USUAL OCCUPATION (Give kind during most of working life, even None	if refired)	kind of Business or inc	DUSTRY 11. BIRTHPLACE (SION) Marylane		12. CITIZEN OF WHAT COUNTRY,			
A. P. Hardesty			14. MOTHER'S MAIDEN N	nelia King				
15. WAS DECEASED EVER IN U. S. AR/ (Yes, no, or unknown) Unk. (If yes, give wor or		social security No. 17.	Hospital Rec		dress			
18. CAUSE OF DEATH [Enter on PART 1. DEATH WAS CAU IMMEDIATE (SED 8Y: Co	ne for (o), (b), ond (c).] . metastases	of abdomen		interval between onset and death 1-2 months			
Conditions, if any, which gove rise to immediate couse (o), stating the under-		of pancreas			6 months			
PART II. OTHER SIGNIFICAL Arterioscles	rotic care	diovascular d	isease		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED YES NO A			
	MINER)		RED. (Enter nature of injury in I					
20c. TIME OF INJURY Month, 1 Hour o. n. p. m.	Day, Year 20d. It 19 of wor	Not while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	. 20f. (City or town)	(County) (Stote)			
21. I certify that I attend alive on June 11	ADDRESS (Street, city or town, stote) ACTUAL Dooming Hond States Hoggisted ACTUAL							
TEATHE (TYPE)	man, M. D	•	Salisbur	y, Maryland				
	4/56	22c. NAME OF CEMETERY New Cathedra		22d. LOCATION (City. town. Baltimore,	or county) (Stote) Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS 7 St. Paul St		13-56 Ha	ISTRAR'S SIGNATURE			

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M		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6659 CERTIFICATE OF DEATH Reg. Dist. No. 3322
	1.	PLACE OF DEATH a. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STDE LAWRE b. COUNTY SUSSEX
12		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Salisbury c. LENGTH OF STAY IN 1b Bursh and give nearest lawn) Delmar
90		d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION Hill Sanitarium d. STREET ADDRESS State Street on A FARM YES NO
	3.	NAME OF DECEASED Nancy Hastings 4. DATE Month Doy Year OF DEATH June 8 19
n		SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED NOV, 4, 1869 8. DATE OF BIRTH NOV, 4, 1869 9. AGE (In years Funder YEAR Funder 24 Pointhday) yrs. Months Days Hours Mile
7	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Home 12. CITIZEN OF WHAT COUNTRY Maryland Waryland
	13.	Archielus Hastings 14. Mother's Maiden NAME May Rue
0	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None (If yes, give wor or dotes of service) None Earl Hastings, Salisbury, Maryland
		1B. CAUSE OF DEATH [Enter only one cause per line (s), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last. (c) PLUCE CAUSE (A) CONTINUED INTERVAL BETWEEN ONSET AND DEAT (b) DUE TO PLUCE CAUSE (C) CONTINUED INTERVAL BETWEEN ONSET AND DEAT (c) INTERVAL BETWEEN ONSET AND DEAT (d) ONSET AND DEAT (e) ONSET AND DEAT (f) ONSET AND DEAT (f) ONSET AND DEAT (g) ONSET AND DEAT (h) O
0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\sum no)
	AL CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19
1		21. I certify that I attended the deceased from April , 1936, to June 8 , 1936, that I last saw the deceased alive on June 8 , 1936, and that death occurred at 2300, M, from the causes and on the date stated ab ADDRESS (Street, city for town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ADDRESS (Street, city for town, state) ADDRESS (Street, city for town, state)
	220	BURIAL CREMINON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COUNTY Delmar, Del. (Stote)
6	23,	AUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRES
1		



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

06655

Reg. Dist. No. 332

1.	PLACE OF DEATH	icomico	LAND	D 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico						ion)			
	b. CITY OR TOWN (If RURAL and give ne	outside carporate limi orest tawn) Salisi		LENGTH OF STAY	IN Ib	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Salisbury) -
	d. NAME OF HOSPITA OR INSTITUTION	R. D. # 5				d. STREET			len Rd)				DENCE / FARM? NO
3.	NAME OF DECEASED (Type or print)	OLL II		Middle ATMORI	8	HITCH		4. DATE OF DEATH	JUN	enth E	2	_	rear 19 56
5.	SEX Male	6. COLOR OR RACE White6	7. MARRIED		_	DATE OF BIRT			9. AGE (In year lost birthdoy) 65 yrs	Manth	DER I YEAR	Haurs	R 24 HRS. Min.
L	Refinish:	N (Give kind of work oing life, even if retired ing Furna:	ture -	Furnatů		14. MOTHER'S	ROLLE ITS	WE Terr	ountry)	12.	U S		COUNTRY?
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	Mrs	ORMANT	le V. I		ens (Wif		.D.#	5 (G	Len Rå
,		nmediate (DUE TO	Ca	pr (a), (b), ond (c).]	ما ا	of,	Cone	eino Viel	met.		INTEONS	AND AND	TWEEN DEATH
CERTIFICATION		ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER)		E HOW INJURY O						IVEN IN F	PART I(o)	PERFO	AUTOPSY RMED? NO DX
MEDICAL	20c. TIME OF INJURY Haur o. n. p. m.		While	RY OCCURRED Not white of work	20e. PLAC focto	E OF INJURY (bry, street, affic	(Home, farm, te bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	ACTUAL SIGNATURE	or Larl L.	125			D	3:00A Al Camden	M, fram DORESS (SIII AVE.	the causes set, city or town	and on	I last sa the dat June	e state	deceased abave. TE SIGNED
220	BURIAL CREMATION REMOVAL (Specify) BUTIAL	June 4, 1		Parsons (CREMATORY		22d. LOCAT	ION (City, town,	or count		(Stote)
	FUNERAL DIRECTOR'S		SATITS	ADDRESS			24a. REC'D		RAR 24b. REG	STRAR'S	SIGNATUR	0 1	

TO HOSPITAL OR VS A15 (4) 15M 9/55 g NOI

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15M 9/55

Reg. Dist. No. 3.30

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Camden Ave. YES NO F Month Day Year 9 June 56 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Newport, Delaware Mr. Wilton M. Holden (Son) Newport, Delaware Mrs. H. Harvey Holden (Wife) 327 Camden Ave. Salisbury INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY ERFORMED? YES NO KOK 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20f. (City or town) (County) (Stole) What I last saw the deceased PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 956 Salisbury, Maryland 22d, LOCATION (City, town, or county) (Stote) Salisbury, Maryland 24b REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY FUNERAL HOKE-SALISBURY MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO THE STATE OF

10 12 1956

VS A15C 1-55 10M

INSTRUCTIO

06658

Reg. Dist. No.

6672 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Wicomico	MARYLAND	STATE Marylan	nd county Wi	comico				
CITY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)	CITY (Il outside corporate limits, write RURAL end give nearest town) OR						
TOWN Salisbury	Since 5/13/55	TOWN Salisi	bury	X				
HOSPITAL OR INSTITUTION OR Pine Bluff State		STREET ADDRESS	(Il rurel giva location	on)				
STREET ADDRESS Salisbury, Marylan			F. D. #5					
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)				
(Type or Print) Samuel	Earl.	Holt	DEATH June	22 19 56				
5. SEX 6. COLOR OR 7. SINGLE, MAR	RIED. B. DATE O		AGE lest birthday IF UN	DER 1 YEAR IF UNDER 24 HRS.				
Male RACE WIDOWED, D (Specify) Sil	nole Dec.	4, 1879	76 yrs. Month	Days Hours Min.				
10e. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS	11. BIRTHPLACE (State or loreign	10 10	12. CITIZEN OF WHAT				
4 1	R INDUSTRY	Colinhum Mam	el en d	COUNTRY?				
13. FATHER'S NAME	red on Boat	Salisbury, Mary		USA				
Alfred Holt		Henrietta S						
	16. SOCIAL SECURITY NO.	17. INFORMANT & AD						
(Yes, no, or unk.) (II Yes, give wer or datas of service)	None	Deceased on admission to hospital						
No	18. MEDICAL CEI		aulitsstoll 60	I INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			0	ONSET AND DEATH				
002 MMEDIATE CAUSE (A)	umonery	Tuberer	stores	192				
ANTECEDENT CAUSE(S) DUE TO	Int.	er Redela	7 .	10 km				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LININGERIAN FOR THE TO	n jug	o curous	<u> </u>	10/				
STATING UNDERLYING CAUSE LAST. DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION 19b. MAJOR FINDING	OF OPERATION			20. AUTOPSY? YES NO K				
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor	me, lerm, fectory,	21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	21c. White Did Hook? Occor?	(City of lown)	Somy, (Solo)				
	injury Occurred	211. HOW DID INJURY OCCUR?						
	work et work							
22. I hereby certify that I attended the deci								
alive on June 22 19 56 an	d that death occurred a							
SIGNATURE	10		ESS (Street, city, town, stata)	DATE SIGNED				
ISN Dura	M.D.		Md.	6/22/56				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	unty) (Steta)				
Burial Jun. 24, 1956			Salisbury, 1	Maryland				
24. REC'D BY REGISTRAR 9 REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SI	GNATURE DE	ADDRESS				
DATE //lary /	4. Holloway.	Arrent	to salar	my/na.				

GOTE CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

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	s certificate has been signed by the attending physician and campletely filled in. The funeral director,	se as the burial-transit permit. Then please remave carban papers. Pages 1 and Z-shauld be filed with	
	funeral	old be fi	
1	he	Zshou	
	c	ond	
	filled	iges 1	
	stely	Po	
	cample	papers.	oth.
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	phys	may	han
	ending	lease re	nation, ar remaval, and in any event within 72 haurs after death.
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	q p	E.	any
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6673 **CERTIFICATE OF DEATH**

06660 Reg. Dist. No. 332

1. PLACE OF DEATH o. COUNTY	icomico	MARYLAND	2. USUAL RESIDENCE (W	Vhere deceosed	lived. If instituti b. COUNTY		before odmissi	on)
b. CITY OR TOWN (III	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ote limits, write R	1, 50		1
RURAL ond give ne	arest town) Salisbury	3 vrs		sbury				19
d. NAME OF HOSPITA	AL (If not in hospital, give street	1 - 11	d. STREET ADDRESS	00000			e. IS RESI	DENCE
OR INSTITUTION	114 Walston A	ve	114	Walsto	n Ave			FARM?
3. NAME OF DECEASED (Type or print)	JOHN	Middle WESLEY	HYNSON	4. DATE OF DEATH	Mon Jun		Doy 1	eor 956
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		EAR IF UNDE	
Male	White widow	ED DIVORCED		373	lost birthday) 83 yrs.	Months Do	bys Hours	Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (SION	e or foreign co	untry)		N OF WHAT	COUNTRY?
Retired Ni	ght Watchman	Watchman	Talbot C		Iana	U	SA	
	A M		14. MOTHER'S MAIDEN					
John Hyns			Roxanna	Tarout	con			
	R IN U. S. ARMED FORCES? 16. If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	r. John P. Hyn Salisbu	son(Son	n) 114 Wa	alston	Ave.	
Conditions, if an gove rise to in couse (a), storing the lying couse lost.	nmediate (Dus To	ngistur	Heart	Jai	lure		6 m	DEATH
ICATI	ER SIGNIFICANT CONDITIONS					EN IN PART 1	(o) 19. WAS A PERFOI YES [RMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port 1 or Port	II of item 1B.)			
20c. TIME OF INJURY Hour o. ji. p. m.	Month, Day, Year 20d. II 19 While of wor	Not while fo	ACE OF INJURY (Home, fari ictory, street, office bldg., et		or town)	(Cou	nty)	(Stote)
alive an 6	at I attended the decease 3.56 19 19	and that death	n occurred at 9:45	PeM, from ADDRESS (SIN	the causes a	ind an the	date state	
220. BURIAL, CREMATION		22c. NAME OF CEMETERY O			ON (City, town, o	or country)		
REMOVAL (Specify) Burial	June 16 1956	Silverbrook		Wilmin		elaware	(Stote	1
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS HONE - SALISBU	240. REC	D BY REGISTR	AR 24b. REGIS	STRAR'S SIGNA		way

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cote,	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral dignor. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fill To FUNERA RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial cremation, ar remayol.	
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cute farm o FU	

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
674 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Record 199 7-5-56 et

Reg. Dist. No. 33

	1. PLACE OF DEATH 0. COUNTY					2. USUAL RESIDENCE (Where dece			dence bef	ore admi	ission)
		Wicomico		MARYL	AND		cyland		N/A	/c/bh/		City
1	b. CITY OR TOWN (If a and give nearest tewn)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (I	If outside co	rporole limits, wri	ite RURAL or	ld give n	bafest to	wn)
	Salisbur	T				Salvidah	144	Baltimore	3		200	T
	d. NAME OF HOSPITA	L'OR INSTITUTION (f not in hos	pital, give street address)	d. STREET ADDRESS .	1115	Argonne I	ori ve			A FARM?
)	Spring H	ill Nursin	g Hom	0		Sptint/V		र्वा ते	-1 -1 -10		YES [NOT
	3. NAME OF DECEASED	Fir	at	Middle		Last	4. DATE	Mo	nth	Day	7	ear
	(Type or print)	Esau				Insley	DEATH		5_	25	1	9 56
	5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)				ER 24 HRS.
	M	W	WIDOWE	DIVORCED [Sept.30,I	880	75 yr	s. Months	Days	Hours	Min.
	10a. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b. I	CIND OF BUSINESS OR IT	NDUSTR	Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Retired ma					Marylan	d		5-16-6	U.S	.A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
4	Esau S.	D. Insle	y			Annie Di	ckev					
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	· · · · · · ·	Addre	188	-		
	no	no			Mrs	David Tu	rner	Nantic	oke.	Mar	vlo	nd
		H [Enter only one cou	se per line							INTER	VAL BETWE	EN
	PART I. DEATH	WAS CAUSED BY	Arte	rio-scleroti	0 0	ardio-vascui	lar d	GARGA			ears	
	40-201	DUE TO		2 0 0 0 0 0			201 0.	. 50000			Cul b	
	Conditions, if on											
	gove rise to immedi	ofe couse			-							
	(o), stoting the un	(c)										
ď	Z PART II. OTHE		DITIONS CO	INTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION G	IVEN IN PA	RT I(o) 15	9. WAS	AUTOPSY
1	2			*		s of the fer					PERFO	RMED?
	20g. EXTERNAL CAUS	- 1444 a Ge				ter noture of injury in Por		II of item 18.)				110 (2)
	PRIMARY OF CON CAUSE OF DEATH.	IKIBUTING LA-				ursing Home						
	3 20c. TIME OF INJURY	Month, Day, Yes	r 20d. 1	NJURY OCCURRED 200	. PLAC	E OF INJURY (Home, form	n. 120f. (Ci	ty or town)	(Co	ounty)		(Stole)
	20c. TIME OF INJURY Hour o. m. p. m.	3 21 19	While	Not while	foctor	y, street, office bldg., etc	:.)		9.7.2		9.15	1/1
						ing Home e, held an Autops		alisbury	-	omic	-	Md•
		from: Naturol						Inspection []	-	TY A	ana	find that
	deom resoned	Halolol Halolol	ranses [contribu			s [],	Indetermined	cause [].		
	ACTUAL	Fark	4	/ con in	10		VALUED F	The state of			DATE S	IGNED
ı	SIGNATURE			A		M.D. CHIEF MEDICAL E						
	EXAMINER'S					ASSISTANT MEDICAL					,	
		arl L. Roy			W 00 c	DEPUTY MEDICAL				26-5	6	
	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETER			1	ATION (City, town			(Stole	9)
	DUTIAL 23. EUNERAL DIRECTOR'S		<u>1956</u>	Loudon P	ark	Cemetery	Ba	ltimore	, Mar	yla	nd	
	23. FORNERAL DIRECTOR'S	62111					D BY REGIS	TIKAR 246. REC	SISTRAR'S SI	GNATUR	9 11	
	deven	1. Wila	or Pr	incess An	me,	MarylWhd	001	-2011a	refoll	1./4	APPI	wall

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6675 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

#6662 Reg. Dist. No. 332

o. COUNTY Wice	omico		MARYL	AND	o. STATE Mary		eceusec	b. COUNTY		icomi		sionj
b. CITY OR TOWN (I RURAL ond give no Salis		, write	c. LENGTH OF STAY I	N 1b	the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland						n)	
	TAL (If not in hospital, given the state of		oddress)		d. STREET ADDRE	ESS					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	DECEASED			ادی Jenkins	(DATE OF DEATH				9 19 56		
5. SEX Female	4 50 0 1	7. MARR	DIVORCED	_	8. DATE OF BIRTH Jan. 4, 18	90		9. AGE (In years lost herthdoy) 66 yrs.	Months 5	· · · · · · · · · · · · · · · · · · ·	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housework	ON (Give kind of work do king life, even if relired)	ne 10b.	KIND OF BUSINESS OR Houseworl		STRY 11. BIRTHPLACE		reign co	ountry)	12. 0	US		COUNTRY?
13. FATHER'S NAME Minous F	Ruark				14. MOTHER'S MAII Belle	DEN NAME Smul	len					
	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		SOCIAL SECURITY NO.	17. 1	Hospital	Reco	rds	emr. Eli	sha 1			Jr(Son
	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (6)		ne for (o), (b), ond (c).] eneralized	Ca.	metastasis	s of a	abdo	men			ERVAL BE	DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost,	mmediote DUE TO	I	noperable C	a.	of uterus						?	
PART II. OTI Arter 20g. ACCIDENT W/OR CONTRIBUTING	HER SIGNIFICANT COND *iosclerotic AS UNDERLYING [] 2	car		di	sease and d	diabet	tes	mellitus		ART 1(o) 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJUR Hour a. ji. p. m.	MEDICAL EXAMINER)	20d. If While of work	Not while	20e. PL	ACE OF INJURY (Home ctory, street, office bldg	g., farm, 20	f. (City	or town)		(County)		(Stote)
alive on Ju	And I attended the come 9 And V. fuel Juerman,	125	6, and that a		occurred at 2:	30P M ADDR s Head	from tess (SI		and on state)	the da	te stat	
220. BURIAL, CREMATIC REMOVAL (Specify) BUTIA	June 12,1		22c. NAME OF CEME		R CREMATORY	,		ION (City, town, Lsbury, 1	-		(Sto	le)
23. FUNERAL DIRECTOR HOLLOWAY &	'S SIGNATURE COMPANY FUN	ERAL	ADDRESS HOME-SALIS	BUR	V.MD.	. REC'D BY		-1 0	STRAR'S S	SIGNATUR	11	imay

(b) The Author Hold Spring of Marylot Holl White I U. 1925 JUN 12 1956

1	1	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE	, 18 (16663
4		6676 CERTIFICAT	TE OF DEATH	Reg. Dist. No. 332
director filed will	1. 1	PLACE OF DEATH COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins a. STATE b. COU	
death death	9	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, we	ite RURAL and give nearest town)
she f	4 5 3	d. NAME OF HOSPITAL (IR not in hospital, give street address) OR INSTITUTION ON IN SULA GENERAL HOSPITAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
24 hau	3.	NAME OF First Middle DECEASED (Type or print) RINALA	ONSON OF DEATH JUNE	Month Day Year 5 - 19 5 6
s within	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In y lost birthd	eors IF UNDER 1 YEAR IF UNDER 24 HRS. oy) Months Days Hours Min.
executed and camp and camp death.	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) MARULAND.	12. CITIZEN OF WHAT COUNTRY?
ate be ician ar e carba s after	13.	FATHER'S NAME MILLIAM FRAZIER JOHNSON	14. MOTHER'S MAIDEN NAME	ith
certificang physics remove 72 haurs	1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF no. or unknown) (If yes, give wor or dates of service)	ORMANT LUENIA JUHNSUN	Univer HILL Mid
attendii on please		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), gnd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sudden	leath	INTERVAL BETWEEN ONSET AND DEATH
es that the ed by the mit. Then any cent		Conditions, if any, which) DUE TO Preumonia,	Brancho	sereral wh
requires on. n signed sit permi		gove rise to immediate case (a), stating the under- lying cause last. DUE TO CRETINISM		6 mo
physici physici has beer rial-tran naval, c	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
tending ifficate ifficate the bu		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Part II of item 18	.)
PHYSIC ral or al this cert ruse as	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work of work	E OF INJURY (Home, form, 20f. (City or town) ry, street, office bldg., etc.)	(County) (Stote)
NDING e haspir : Affer ched fo urial, cr		21. I certify that lettended the deceased from 1 June alive on 5 June 1256, and that death of	110	5 6that I last saw the deceased es and an the date stated above.
R ATTE		ACTUAL METTIO a. Sambelin M.	ADDRESS (Street, city or h	
RAL should should be strong price or strong pr		PHYSICIAN'S Myris a, Rambdin,	Salisbury, M.	L
may be O FUNER page 3 s the regis	220	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR Upper Hill C	metery Upper 1	till md
VS A1S (4) 1SM 9/SS	23.	FUNERAL DIRECTOR'S SIGNATURE William Johnson Upper Hill;	Md DATE 6-10-56 M	ary W. Holloway
V	ox	2082329374		

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Hours

CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

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(State)

DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **6708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH** Reg. Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and alve negrest town! Rural Mardela Rural Mardela vears d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO T NAME OF Middle 4. DATE Month First Last Year DECEASED OF 56 (Type or print) Albert Malkin 6-19-19 Edward 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX last birthday) Months Min. Hours WIDOWED | DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Plumbing New York Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Bertha Rudie Manfred Malkin 17. INFORMANT Address 4th St. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. If yes, nive war or dates of service Harold Julien Malkin New York City. N.Y. To INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suddem Strangulation by hanging. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which alang gove rise to immediate couse DUE TO (o), stoting the underlying cause lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Scizophrenia NO.F 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) should in barn by the neck. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City ar town) (State) (County) writing the w hief Medical I OR: Page 3 sh factory, street, office bldg., etc.) Not while at work of work Barn Mardela Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy , Inquiry K. and find that Inspection X. RECTOR: death resulted from: _Natural causes ... Accident Suicide X Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S orwards FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 6-20-56 Rover. M.D 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR

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	the attending physician and camplete	Then please remave carbon papers.	event within 72 haurs after death.
to by the nospital or altending physician.	ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	iar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

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T.L.	IK. 140	r yes, give war or dates or a	arvice)	194-09-4408	Н	ospital Rec	ords					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			. 6630 CERTIFICATI	E OF DEATH Reg. Dist. No. 332
(M	1.	PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WICOMICO
-	/	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	12		Salisbury -	Salisbury /
	82		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	00		Peninsula General Hospital	221 South Blvd., YES □ NO 🔀
			NAME OF First Middle DECEASED (Type or print) GEORGE HERBERT	MOSRE. SR., DATE Month Day Year DEATH June 16 1956
		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	ATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	-		7 13,1881 75 yrs.
		1Dc	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
	1	1	Ret. Chemicl Eng. Engineer	Maryland U?S.A.
		13.	. FATHER'S NAME ,	MOTHER'S MAIDEN NAME
			G.W.Moore	Lillian Wright
	1		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	RMANT 308 Beckford Ave.
	0	L	616-05- 8201 Mrs.	John L. Bond, Prince Annel Maryland
		Г	1B. CAUSE OF DEATH [Enter only one cause par line for (o), (b), and (c).]	INTERVAL BETWEEN
		1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Muller me morning
			450.1 DUE TO	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
			Conditions, if any, which) (b) Mary and any	all toat 3 dly
			gove rise to immediate cause (a), stoting the under-	
			lying couse lost. (c) Multilled	aragosilessus yes
	^	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED?
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		L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Port I or Port II of item 18.)
		CAL		OF INJURY (Home, farm, 20f. (City or town) (County) (State) street, office bldg., etc.)
		MEDI	Hour o. 51. p. m. 19 While Not while tactory, at work at work	sincer, write blug, atc.)
			21. I certify that I attended the deceased fram.	
			alive an	2-150
			Oth III Co	ADDRESS (Street) city or toyth, stote) DATE SIGNE
	1		ACTUAL SIGNATURE M.D. M.D.	Mullical Center 6.18.
	-			
			PHYSICIAN'S NAME (Type) Dr. Henry A. Briele. Medical Cent	er. Salisbury. Maryland
		220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	
			REMOVAL (Specify) B urial 6/18/56 Still Pond Ceme	(51016)
		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	000	F	Hill & Johnson Co. Salisbury, Maryland	DATE 6-18-56 Mary 1/1 Halloward
	13		normant. Baker	The many was to the many
	1		TOUTHOUT I. ASTORAGO	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

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o. COUNTY	Wicomico	MARYLAN	O STATE SE-	Where deceased lived, if insti		ofore admission)
b. CITY OR TOWN I	If outside corporate limits, write &		b c. CITY OR TOWN (IF	outside corporate limits, wri		
d. NAME OF HOSPI	Pene Gene H	not in hospital, give street address)	d. STREET ADDRESS	Bast Church	n St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MELVI	N Middle ROBERT	PHILLIPS	4. DATE Mor OF DEATH JUNE		th 19 56
S. SEX Male	4.45. A A	MIDOWED DIVORCED	8. DATE OF BIRTH Sept. 3, 194	9. AGE (In years fout birthday) 11 yrs	Months Days	IF UNDER 24 HRS. Hours Min.
None	ON (Give kind of work do ng life, even if retired)	10b. KIND OF BUSINESS OR IND	OUSTRY 11. SIRTHPLACE (Stote Virginia	or foreign country)	U.S.	F WHAT COUNTRY
	E. Phillips		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EX (Yes, no. or unknown)	/ER IN U. S. ARMED FORC If yes, give war or dates of ser		Mr. James E. 1	Phillips (Father Salisbury, Me	r) 812	East Churc
PART I. DEA	diote couse	Fractured skull			ONS	to and death hour
PART II. OT		TIONS CONTRIBUTING TO DEATH BU	260			19. WAS AUTOPSY PERFORMED? YES NO
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		1200. INJURI OCCURRED 1206. I	PLACE OF INJUKT (Home, form			(State)
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20c. TIME OF INJU	Me 6-28 1956	While of work of the remains described a	factory, street, office bldg., etc. Street bave, held an Autops	Salisbury Inspection X	, Inquiry X	
20c. TIME OF INJU	Month, Day, Year	While of work of the remains described a	factory, street, office bldg., etc. Street bave, held an Autops	Salisbury Inspection The Communication of the Comm	, Inquiry X	o Md.
20c. TIME OF INJU- Hour 1: 20 Im 21. 1 certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) DT	Mo 6-28 1956 hat I taak charge of from: Natural co	While of work of work of work of the remains described a duses , Accident X,	bave, held an Autops Suicide , Hamicide M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL EX DEPUTY MEDICAL EX	Salisbury Inspection To the control of the control	June	o Md.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cute the difficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of forwards the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files TO FUNERAD DIRECTOR: Page 3 should be used as a burightermy! File pages 1 and 2 with the registran ph ar removal. VS. A15ME(5) 5M 9/55

necessary, please exe-

burial cremation,

antero ; com the committee and Sir Personal Land 2021 6 1008 alah ety metroli and atolik SIL CARREST OF STREET, T. CHARLES Part of the latter of the second of the seco the are a constant when a manual state of the last

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

				Ke	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: F and b. COUNTY	Residence before admission) Wicomico
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, we corest town) Salisbury	c. LENGTH OF STAY IN 16	_	outside carporote limits, write RURA	L and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	Pen. Gen. H		d. STREET ADDRESS In Vi	llage	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	VIRGI:	Middle MAE	POWELL	4. DATE Month OF JUNE	22 Year 19 56
s sex Female	White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	lost birthday) Mc	UNDER 1 YEAR IF UNDER 24 HRS. Onths Boy Hours Min.
10a. USUAL OCCUPATION during most of work HOUSE WO	king life, even it refired)	10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	ert Bailey		Minnie Jon		
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES' (If yes, give war or dates of service	7 16. SOCIAL SECURITY NO. 17.	INFORMANT C. James W. Po	well (Husband) Pa	rsonsburg, Maryla
PART I. DEA 3 3 /X Conditions, if a gove rise to i cause (o), stoting lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under- (c)	per life for (o), (b), and (c)] Stenling 1	Regnarsters	ge Win	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTH		ONS CONTRIBUTING TO DEATH BU DESCRIBE HOW INJURY OCCURR		INAL DISEASE CONDITION GIVEN I	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	. DESCRIBE NOW INSORT OCCORR	ED. (Emer notore at impory in	diri di rori ii di neni ro.;	
ZOC. TIME OF INJUR Haur o. ft. p. m.			LACE OF INJURY (Home, farm actory, street, office bldg., etc		(County) (Stote)
actual SIGNATURE	at lattended the de	and that deat	M.D. Maryla	2.M. from the causes and ADDRESS (Street, city or town, state and Ave. (Office ury, Maryland	DATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify) Buria	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or co	
23. FUNERAL DIRECTOR HOLLOWAY &		ADDRESS		D BY REGISTRAR 246 REGISTRA 25 1050 Meru	

SUNEAU & 1956 Self-mon Mill have take between made out line. Section of the second Manager of the second of the second of the second PRODUCTION SHOWS A STREET OF THE PRODUCTION OF T TOTAL STATE OF STATE OF

VS. A15ME(5) 5M 9/55

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MARYLAND STATE	DEPARTMENT	OF HEALTH-B	ALTIMORE, 1	8
6779 MEDICAL EX	AMINER'S CE	ERTIFICATE O	F DEATH	

8 (16674 Reg. Dist. No. *832*

a. COUNTY	Wicomico		MARYLAND	o. STATE Maryl		ed lived. If institu b. COUNT	1	line
and give neares	/N (If outside corporate limits, will town)	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp		RURAL and g	ive nearest lawn)
	ospital or institution ((If not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fii Char		Middle Q	uails Jr.	4. DATE OF DEATH	Manth 6-		Doy Year 16 19 56
5. SEX m	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED 8.	DATE OF BIRTH About 1924		9. AGE In years last birthday) 32 yrs.	-	YEAR IF UNDER 24 HR
during most of w	PATION (Give kind of work orking life, even if retired) Laborer	dane 10b	. KIND OF BUSINESS OR INDUSTR Fatta	Dorcheste				S.A.
	rles Quails			14. MOTHER'S MAIDEN N				
15. WAS DECEASE (Yes, no. or unknown)	D EYER IN U. S. ARMED FO	RCES?		romant rnest Quails	, Seaf	Address Cord, Del	aware,	R.F.D.
Conditions, gave rise to ir (a), stating to cause last.	if any, which hammediate cause he underlying DUE TO)Dr	co wni ng					INTERNAL BETWEEN ONSET AND DEATH Sudden
20a. EXTERNAL PRIMARY Or CAUSE OF DEA	CAUSE WAS CONTRIBUTING	Drovi	CONTRIBUTING TO DEATH BUT N IBE HOW INJURY OCCURRED. (EI B. INJURY OCCURRED [200. PLACE]	nter nature of injury in Part	t I or Port II	of item 18.)		PERFORMED? YES NO D
Hour o 9 P p	m. 6-16-56 19	of the	work at work at memoins described above	ry, street, affice bldg., etc. awbridge ve, held an Autaps	Shay, In	arotown	Wi com	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Earl L. Roy	L	M.D.	_M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINE	had	6	DATE SIGNED
220. BURIAL, CREM REMOVAL ISPA BURIA. 23. FUNERAL DIRECT	ATION. 22b. DATE THEREO		Federal Hill	Cemetery		rion (City, town, o	, Mary	(State)
		, Fed	eralsburg, Mary		13 1	6 Mari	TRAR'S SIGN	Helemay

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6635

CERTIFICATE OF DEATH

Reg. Dist. No. 6675

1. PLACE OF DEATH a. COUNTY	Wicomico	MARY		JAL RESIDENCE (Who STATE Mary)	Act of the second	lived. If institution b. COUNTY		before admis	
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limits, carest town) Salisbury	write c. LENGTH OF STAY	IN 1b c. (CITY OR TOWN (IF of	utside corpor	ate limits, write R	URAL and give	nearest tow	n)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give Pen. Gen.	Hospital	d.	STREET ADDRESS In	Villag	re		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle CAROLINE	RA	YNE	4. DATE OF DEATH	Mon JUN		F 13	Yeor 19 56
5. SEX Male	White w	MARRIED NEVER MARRIE	Ju		374	9. AGE (In years last birthday) 81 yrs.	Manths Do	EAR IF UND	
Retired H	louse Work	House Work	14. N	R.D. # Sno	W Hill	l Maryla		S A	T COUNTRY?
	JONES R IN U. S. ARMED FORCE If yes, give wor or dates of servi		Mr. Ha	Sarah Grac Try Rayne(Ster Rayne	Son) W	illards.	"Maryl	and	
Conditions, if or gove rise to in cause (a), stating the lying cause last.	the under-	CONGESTING CEREBRO	ISIVE	EAR I CULAR CARDIO	VASC		JT ISFAS	0 (2)	year
PART II. OTH PART II. OTH PART II. OTH PART III. OTH	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OF	CCURRED. (Enter	nature of Injury in P	art I or Part	II of item 18.)			NO M
20c. TIME OF INJURY Hour o. gr. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED While Not while at work at wark		INJURY (Hame, farm, eet, affice bldg., etc.)		or tawn)	(Cou	nty)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S Dr. NAME (Type)	ot I attended the d	19 5 6, and that	M.D	1954, to red at 7:005 Maryland A	VeC	the causes of th	state)	date state	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S HOLLOWAY	June 7, 19	ADDRESS	sant	netery	H. b.	ON ICITY, town, or POWELL WILLIAMS	ville k	ATURE	nd

BUREAU V. & 956t 9 NNr A ST CONTROL OF THE PARTY OF TH

1		OWAA	MENT OF HEALTH—BALTIMOR	RE, 18 06676
3 in	L	6718 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 332
director led with	1.	PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If is o. STATE b. CC	nstitution: Residence before admission) DUNTY Wicomico
beral d		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
buld X		Parsonburg 91 Yrs.	Parsonsburg	У
2 sh		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rt. #1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES TO O
and	3.	NAME OF First Middle	Rt.#1	Month Day Year
illed illed		DECEASED (Type or print) FLIJAH QUINTON	RILEY	6 13 19 56
Pog .	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	lost birth	ndoy) Manths Days Hours Min.
comple papers	10	D. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INI	Oct. 24, 1864 91	12. CITIZEN OF WHAT COUNTRY
death death	4	during most of working life, even if retired) Farmer Own Farm	Maryland	U.S.A.
arbo ffer	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
sicio rs a		James D. Riley	Hannah Bethard	
phy hou	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 15. no. or unknown) (If yes, give wor or dates of service)	, INFORMANT	Address
se re			rs. Howard Johnson Salis	bury, Maryland
plea		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
ne al		23/V IMMEDIATE CAUSE (d)	scular accident	4 dag
eve T		DUE TO Chrafoul and	teriorclerosis ae	
anit and the state of the state		gove rise to immediate	a consequences	nes- Ja
sign d in		code (a), stating the under- lying couse lost.		
ronsil, an	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
as b ial-t	T S	Kypostatic Juliamo	ria Ut. +L.	PERFORMED?
the bur ar rem	CERTIFICATIO	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item I	8.)
tion,	SICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
r use	MEDI	Hour o. m. While Not while of work of at work	Today, siles, siles, siles,	
od fo		21. I certify that I attended the deceased fram.		956, that I last saw the decease
A: A		alive an 6 11 1956, and that dea	th occurred at 11 4PM, from the cau	ses and an the date stated above
de to		ACTUAL ALIMA	ADDRESS (Street, city or	fawn, stote) DATE SIGNE
original Paris		ACTUAL SIGNATURE	M.D	
shault trar p		PHYSICIAN'S NAME (Type) Dr. L. V. Sohler 303 East	St., Delmar Maryland	
e 3	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY		lown, ar county) (State)
Poge the re		Burial 6/15/56 Parsonsburg		g, Maryland
2	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b	REGISTRAR'S SIGNATURE
A15 (4) A 9/55	L	Hill & Johnson Co. Salisbury, Marylan	d DATE 014-56 71	raryll. Holomay
4		Norman T. Baker		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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				CERI	IFICA	IE OF DEATI			Reg. Di	st. No.	. 36	2
1.	PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESIDENCE (W		l lived. If institution b. COUNTY	on: Resider		re odmis	
	b. CITY OR TOWN RURAL ond give i	(If outside corporate limi nearest town) Salisbury	ls, write c.	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If a		ate limits, write R	URAL ond	give nec	arest fow	n)
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g 831 Coope:		ress)		d. STREET ADDRESS 831	Cooper	st				SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	META.	sf	Midd	RICE	SHOCKLEY	4. DATE OF DEATH	Mon JUN		14	,	Year 19 56
	sex Female	6. COLOR OR RACE White	WIDOWED [ED 🗆	October 9m	1896	9. AGE (In years last birthday) 59 yrs.	Months	Days	Haurs	ER 24 HRS. Min.
104	during mast of wo House Wo	rking life, even if refired)	t own Ho		Crisfiel			12. CI1		U S	COUNTRY?
9	FATHER'S NAME Grant Be					14. MOTHER'S MAIDEN I						
	NO NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	IAL SECURITY N	Mr	ormant . Ira Q. Shoo Sallabu	kley(H	lusband)	831 (Coop	er S	t.
		the under-	m	or (a), (b), and (c	olise	1 July	or en	Tigner			ERVAL BE	
CERTIFICATION			DITIONS CON			OT RELATED TO THE TERM			EN IN PAR	T 1(a) 1	9. WAS PERFO YES	DRMED?
	OR CONTRIBUTING	G CAUSE OF DEATH	ZVD. DESCRIBI	E HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Part	II of item IE.)				
MEDICAL	20c. TIME OF INJU Hour o. jr. p. m.	RY Month, Day, Yea	While of work	Nat white of work	20e. PLAC focto	E OF INJURY (Home, farm ry, street, office bldg., etc	n, 20f. (City	or town)	(0	Caunty)		(State)
	actual SIGNATURE	hat I attended the	deceased (and the			on St	eet, city or town,	nd an t		te state	
22	BURIAL, CREMATIC REMOVAL (Specify	on, 226. DATE THEREO	1956 22	c. NAME OF CEN				ION (City, town, o		and	(Stat	e)
23.	FUNERAL DIRECTOR	CONTRACTOR	TYPE AT TY	ADDRESS			D BY REGISTE			_	E	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4, may be retained by the haspital or attending physician.

TO FUNERALACIAECTOR: After this certificate has been sit page 3 should be detached for use as the burial-transit

QRECTOR: After this certificate has been signed by the attending physician and completely filled

prior to buriol, cremation, or removal, and in any event within 72 hours after death

in the funeral director, and 2 should be filed with

Pages 1

Then please remove carbon papers.

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	AND THE ROLL OF STREET AND THE STREET AND THE STREET, AS A STREET, AS
BUREAU V. S.	Annual Control of the
MINTARIA TO	
PARTICIPATION OF PARTICIPATION OF STATE	DOUGHT - ONCH TANDEN MINTER STATES

HTA		R	eg.	Dist.	No.	332
E (Where	deceased lived	If institution:	Resi	dence	hefore	admission

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI			before admission)
WICOMICO	MARYLAND	O. STATE DELE	UARE b. COU	NTY Su	SSEV
B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wr	ite RURAL and giv	re nearest town)
SALISBURY	3DAYS	SEAF	ORD		46X-3
d. NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
TENINSULA GENERAL	HOSPITAL	RD#1			YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Yeor
(Type or print) 30 H N	IMN	SPARKS	DEATH 3	UNE	9 1956
S. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y		YEAR IF UNDER 24 HRS.
MALE WHITE WIDG	OWED DIVORCED	JULY 5, 191	- 41	yes. Months D	days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done it during most of working life, even if retired)			or foreign country)		EN OF WHAT COUNTRY
FARM	farm owner				USA
13. FATHER'S NAME	- 600	14. MOTHER'S MAIDEN N		=	
WILLIAM REESE	11.113	ETTA SAR	HH LOVE	LACE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unimown) [If yes, give war or dates of service)		INFORMANT	PEDE	Address B	PURG
70 -		its roses. Be	TIME -		DIA
18. CAUSE OF DEATH [Enter only one couse pe	r line for (o), (b), and (c).]	i			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Pulmonary es	lema .			
342X DUE TO	2				
Conditions, if any, which) (b)	Brain Hose	ess			
gove rise to immediate Cutse (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
Δ					YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18	.)	
Hour o.m.		LACE OF INJURY (Home, form octory, street, office bldg., etc.	.) 20f. (City or town)	(Cou	unty) (Stote)
p. m. 19 of s	work ot work				
21. I certify that lyattended the dece	eased from 6/7	, 19.56, to	6/9, 19	56, that I la	st saw the decease
alive on 6/9 15	56, and that death	h occurred at 1114	M, from the caus	es and on the	date stated abov
70'	1111	0 0 1/1	ADDRESS (Street, city or to	own, state)	DATE SIGNE
SIGNATURE Thomas C.	Hill, gr.	M.D. 234 Y	Hersian	St.	6/11/56
PHYSICIAN'S THE COAD C	. (C 0. 0	001		1 1
NAME (Type) THOMAS C.	HILL JK.	Solis	usy, Ild)	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, to	wn, or county)	(State)
BURIAL HUNE 15.195	6 RELHET CE	METERY	FEDERALS	BURG.M	DHALLAND
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246.	REGISTRAR'S SIGN	ATURE

IMM

PERSONAL JUNE 13, 1950 BETHELL CENNETERY FEDERALS BURGE MARYLAND

- JULY 5 1915 40

ME KEES BROWN FEDERAL PURCH A

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AINTEN SELLWOMIAT

SU JULY DEAMONT

MEDICADA WATER OF SERVICE DELAWARE

WILLIAM REESE SPARKS ETTA SARAH LOVELHCE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

BUREAU V. S. 9961 6 701

SECEINE

ACTUAL TO THE PROPERTY OF THE

	6690 CERTIFICA	ATE OF DEATH Reg. Dist. No. 3332	
	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Caroline	
16	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	
104	Salisbury 2 months	Denton 95 × 2	11
91	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Deer's Head State Hospital	d. Street address e. Is residence On a farm? YES \(\text{NO} \)	
	3. NAME OF First Middle CEASED (Type or print) Virginia Alice	Stafford Death June 12 19 56	,
1	5. SEX Female 6. COLOR OR RACE WHOOMED DIVORCED DIVORCED	8. DATE OF BIRTH 3/3/1876 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HR: lost birthdoy) Wonths Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Housework Housework	ISTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY USA	ſRY
	13. FATHER'S NAME Thomas Pratt	14. MOTHER'S MAIDEN NAME Sirena Anne Dukes	
0	[Yes, no, or unknown] (If yes, give wor or dates of service)	INFORMANT Address Hospital records	
	gove rise to immediate	ion Interval Between ONSET AND DEATH 5 minutes teriosclerotic cardiovascular disease 5-6 yrs.	}
0	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Diabetes mellitus	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. jt. p. m. 19 While Not while of wark at work	ACE OF INJURY (Home, farm, clay, street, affice bldg., etc.) (City or town) (Caunty) (Stote	e)
1		11, 1956, ta June 12, 1956, that I last saw the decease occurred at 38:30PM, from the causes and an the date stated above ADDRESS (Street, city ar town, state) M.D. Deer's Head State Hospital 6/12/56	NEE
	PHYSICIAN'S L. V. Maldve, M. D.	Salisbury, Maryland	
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER OF	R CREMATORY 22d. LOCATION (City, 16wn, or county) (Stote)	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 Wenten 119	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Coct 31 NULL STEEDES TO BE SEEDED TO SEED THE FOREST

AND REAL PROPERTY.

BUREAU V. S.

death.

HOSPITAL

MITAGO RO STADISTICADO

BUREAU V. S.

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death INSTRUCTIONS

m copy may be retained by the hospital or attending physician.

certificate be

TO FUNITAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5692 CERTIFICATE OF DEATH

06682 Reg. Dist. No.

1. PLACE O	F DEATH				2. USUAL RES	IDENCE (HOME) OF D	ECEASED	
COUNTY V	Wicomico		MARY	LAND	STATMATY	land COUNTS	omerset	
CITY (if ou	itside corporate limits, wri	ta RURAL	LENGTH		CITY (If outside	corporete fimits, write RURAL e		
TOWNS	lisbury		2 mon	place)	OR TOWN Pri	ncess Anne	19	x - 2
HOSPITAL C)R				STREET	(If rurel giv	ve location)	
INSTITUTION STREET ADD					ADDRESS	1-C A		1
3. NAME OF	(First)		(1)(10.1			eckford Ave		
DECEASE			(Middle)		(Lest)	4. DATE (Moi	4	(Yeer)
(Type or Prin	" Rachel		Done	Stew	ert.	DEAFUNG	9	19 56
5. SEX	6. COLOR OR	7. SINGLE,		8. DATE C		9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
femals	white	(Spacity	ingle	April	7.1870	86 yrs.	Months Deys	Hours Min.
10a. USUAL OCC	UPATION (Give kind of	work 1	Ob. KIND OF BUSINE	SS	11. BIRTHPLACE (Stete	or foreign country)		N OF WHAT
retiredLI Ca	most of working life, evalewife		OR INDUSTRY	1-	D., 1.,	15.7	COUN	TRY?
13. FATHER'S N			Housewor	K i	Princess .	anne, ma	U.S.	A
					14. MOTHER'S MA	UDEN NAME		
	lliam Stew				Henriet	ta Jones		
	SED EVER IN U. 5. ARM		16. SOCIAL SE	CURITY NO.		NT & ADDRESS		
No.	(If Yes, give war or d	ates of service)			May 2 36	D B44-		
240			/10) MI	EDICAL CER	MI'S M	ery D. Fitzg	erald	01/41 0571//551
I DISEASES OR	CONDITIONS DIRECTLY	LEADING TO	DEATH / U	EDICAL CEN	TIFICATION	011		RVAL BETWEEN
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100%	MMEDIATE CAUSE	(A)		0 000	7017			
	recepetal CHOSE(S)	DUE TO						
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STATING UNDER	RLYING CAUSE LAST.	DUE TO						
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TO THE DEATH	BUT NOT RELATED TO	THE						
19e. DATE OF O	PERATION L 191		DINGS OF OPERATION	N.				ALITODEVA
170. 07.11 07 0		o. mosok in	DINGS OF OTERAIN	514			YES	NO T
OR CONTRIBUTING	WAS UNDERLYING G CAUSE OF DEATH	21b. PLAC OF INJURY	E (Home, farm, fecto street, office bldg., e	ory, fc.)	Ic. WHERE DID INJURY	OCCUR? (City or town)	(County)	(Stele)
	Y MEDICAL EXAMINER)	(Vara) (Harri	A DE BUREN OF	CHARLES	011 11011/ 515 11-1111			
216. TIME OF IN.	JURY (Month) (Day)	(Yeer) (Hour		lot while	21f. HOW DID INJURY	OCCUR?		
		м.	at work e	t work		1		
22. I hereb	w Cartify that I a	ttended the	deceased from	Male	10 to	Free 9 , 195	C that I had an	
alive on	mus. y., 1	9/2/	, and that death	occurred 61	/QAM, trotal	the causes and on the	date stated above	Ð.
SIGNAT	UNE OF	4	1		00	ADDRESS (Street, city, tow	(n, state)	DATE SIGNED
10	exice &	Lus	45	M.D.	tales	Keen M	d	
23. BURIAL, CRI REMOVAL (TE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial		ne II	.1956 St	Andre	ws Cemeter	Princess	Anne Ma	brefra
24. REC'D BY RI	EGISTRAR L REG	ISTRAR'S SIGN	NATURE /		25. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	1 J Laria
DATE (0 - 22	1-5% m	aril 1	11 Hallo	mall	of as in	2 Wilson F) min	anna
DAIL (D >~ (1	1.1.000	1101	The state of the s	11/1/2001/1	101100-1-	0-1-10

CERTIFICATE OF DEATH

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BUREAU V. S.

9961 18 NAI

BECEINED

Isique

oure 11,1856 St. arcrews Cemetery

Princess Anne, srylend

District no.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Grandelay is necessary, please exe	ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the f	the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	TO NAMERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the registrar priar to burial, cremation	
TO DEPUTY MEDICA	cute the certificate,	prded to the C	TO MERAL DIRECT	100000000000000000000000000000000000000
ve	A	164	464	e

	MARYLAND STAT		NT OF HEALT!			11668	33
)	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W	Vhere deceased lived	Reg.	Dist. No.	OOZ re odmission)
	b. CITY OR TOWN III outside corporate limits, write RURAL C. LET	MARYLAND IGTH OF STAY IN 1b		vland	Ui	comic	
2	and give necrest town) Salisbury	3 year s			mils, write NUNAL (and give ne	orest rown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		Salisbur d. STREET ADDRESS	Y •			e. IS RESIDENCE
2	Peninsula General Hospital.		Patrick	Ave			YES NOT
	3. NAME OF First -DECEASED	Middle	Last	4. DATE OF	Month	Day.	Year
d		ames	Taylor.	DEATH	June	1.	19 56
	5. SEX 6. COLOR OR RACE 7. MARRIED 15. MARRIED 15. SEX		DATE OF BIRTH	9. AGE fost bir	(In years IFUND Months		Hours Min.
		DIVORCED	1923		3 yrs.		
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	BUSINESS OR INDUSTR	11. BIKITIPLACE (STOTE	ar tareign country)	md	U.S	WHAT COUNTRY?
7	13. FATHER'S NAME	1)	14. MOTHER'S MAIDEN N	JAMES .	1114		-
	Toces lay 1	n					
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL IYes, no. or unknown) If you give the or dates of service)		FORMANT Spital Recor	d. P.G	Address .H . Salis	burv	Md.
2	Canditions, if any, which gave rise to immediate cause (a), stating the underlying (c), stating the underlying (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	TING TO DEATH BUT NO INJURY OCCURRED. (En OCCURRED 200. PLAC factor at while to work to work to work to see the condition of the condition o	E OF INJURY (Hame, farm ry, street, affice bldg., etc., re, held an Autaps) ide, Hamicide 	NAL DISEASE CONDI	ition given in P, is.) (c)	ART 1(a) 19. County)	(State)
	NAME (Type) NOTICE TECHNOLOGY 220- BURIAL CREMATION, 122b. DATE THEREOF 122c. NA	M.D, ac	tingeputy medical e	22d. LOGATION (C)	ty, town, or county		e 1,1956
	Cernoval 6-65 56 Ll	nion	Cem	Nel	mar	me	
	23. FUNEVAL DIRECTOR'S SIGNAZUZE	DORESS	DATE O	BY REGISTRAR	246. REGISTRAR'S	SIGNATURE	lonay
9 1	1-0-10		DAILE	, , ,	many will	1100	7.00



BUREAU V. S.

1029 INN 15 1029

ADDRESS

HOLLOWAY & COMPANY FUNERAL HOME- SALISBURY, MD.

Reg. Dist. No. 3.32

Wicomico

Day

Days

(County)

June

24b_REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE 6-21-56

Months

e. IS RESIDENCE

ON A FARM?

YES X NO

th 1056

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO TO

(State)

DATE SIGNED

1956

(State)

12. CITIZEN OF WHAT COUNTRY?

USA

Year

that FUNER 0

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.

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	LACE OF DEATH	icomico		MARY	LAND	- CTATE	Maryla		d. If institution: b. COUNTY W	Residence be	fore admiss	ian)
b	RURAL ond give ne	autside corporote lim arest town) alisbury	its, write	LENGTH OF STAY	IN 1b	c. CITY OF	Salisb		limits, write RURA	L ond give n	earest tow	n)
0		AL (If not in hospital, g	pive street ad bella	dress) St		d. STREET			lla St			SIDENCE FARM?
t	IAME OF PECEASED Type or print)	ANNA	rst.	Middle BURK	E	THURS	TON	4. DATE OF DEATH	Month	1	4	Yeor 19 56
5. S	ex emale	6. COLOR OR RACE White	7. MARRIES	NEVER MARRI		April	тн 24. 18	la		under 1 YEA	_	ER 24 HRS, Min.
100.	USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired Retired	done 10b. KII House	nd of Business o Keeper	R INDUS	TRY 11. BIRTHI	PLACE (Stote of	r fareign country	v)	12. CITIZEN		COUNTRY?
13. 1	Chastine	F. Coleman					s MAIDEN NA 8. Jord					
15. Yes.		R IN U. S. ARMED FOR If yes, give wor or dates of s		OCIAL SECURITY NO	Mr	Walte St.	r C. Ti	hurston isbury,	Jr. (Son Maryland	518	E. Is	abella
	PART I. DEA	ty, which the under-	S S	enerale	ye	l a		osile		OF		DEATH
CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH		NTRIBUTING TO DEA						IN PART 1(o)	PERFO	AUTOPSY PRMED? NO (())
	(IF EITHER, NOTIFY : 20c. TIME OF INJURY Haur a. gr. p. m.	MEDICAL EXAMINER)	or 20d. INJU While of work [URY OCCURRED Not while at work	20e. PLA faci	CE OF INJURY ary, street, affi	(Hame, farm, ce bldg., etc.)	20f. (City or to	own)	(Caunty	')	(Stole)
- 1	21. I certify the colive on		el Gilmo	e, and that		.o. Medi	5:30P A cal Ce	.M, fram the DORESS (Street,	£ 195 Gth e causes and city or town, state	an the d	ate state	
220.	BURIAL CREMATION		1.956	Churchla					(City, town, or co	unty) Virgi	(State	e)
	LLOWAY &			ADDRESS HOME—SALI				BY REGISTRAR	24b. REGISTRA		The state of the s	loway

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 six to be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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Reg. Dist. No.

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I. PLACE OF DEATH	comico	MAI	RYLAND	2. USUAL RESIDE	NCE (Where deci	eased lived. If institut b. COUNT	Υ	e before odmis	
b. CITY OR TOWN RURAL ond give of Salisbur	If outside corporate limits, eorest town)	write c. LENGTH OF STA			WN (If outside o	orporole limits, write			
OR INSTITUTION	TAL (If not in hospital, give Nursing	Heme 409 Ca	mden	d. STREET AD	10-2	Central A	lve.	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	J. Frank	Midd Todd	le	Lost	4. DA OF DEA	ATH June]		Doy 6	Year
5. SEX male		MARRIED NEVER MARI		DATE OF BIRTH	1861	9. AGE (In years last birthday) 95 yrs	IF UNDER 1		
Retire	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF BUSINESS merchant	OR INDUST		line Co	gn country)	12. CITI	I. S.	A.
13. FATHER'S NAME Jehu	Todd			14. MOTHER'S M		utherland			
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	16. SOCIAL SECURITY N		FORMANT			dress	urg,	Md.
Conditions, if a gave rise to couse (o), stating lying cause lost.	the under-	Alleris	10b	NOW	,			ONSET AND	
ICATI		TIONS CONTRIBUTING TO D			24 PM		VEN IN PART	PERFC	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. jr. p. m.	MEDICAL EXAMINER)	20d. INJURY OCCURRED While Not while of work of work	20e. PLA	CE OF INJURY (Ho	me, form, 20f.		(Cc	ounty)	(State)
actual signature	at I attended the a	195 for, and the	114 death	.0.	ADDRES	from the causes is (Street, city or town	and on the	ge o	ed abav
220. BURIAL, CREMATIC REMOVAL (Specify	Fred R. Gran	22c. NAME OF CEA		CREMATORY		OCATION (City, town, ederals b)		(Sto	21-56 ite)
23. FUNERAL DIRECTOR		ADDRESS		2	40. REC'D BY REC	GISTRAR 24b. REG	ISTRAR'S SIGN	NATURE	/

VS A15 (4) 15M 9/55 DERTHECATE OF DEATH

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Ž.		6696 MEDICAL EX			H-BALTIMORE, 18 TE OF DEATH Reg. D	116687 1111. No. 332
5		ACCOUNTY Wicomico	MARYLAND		there deceased lived. If institution, Residently Bridge Brown Williams	ence before admission) COMICO
12	1	and give nearest town)	GTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and	
de de		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given eninsula General Hospital	re street address)	d. STREET ADDRESS	RFD	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First SECEASED Type or print) Rufus	Middle	Lost Truitt	4. DATE Month OF DEATH	Doy Year 14- 19 56
	5. 5	EX 6. COLOR OR RACE 7. MARRIED N	NEVER MARRIED B.	May 9 192	9. AGE (In yeers loss birthdoy) 32 yrs.	
C	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF Lumb or work of the control	BUSINESS OR INDUSTR	Maryla:	or foreign country) 12. CIT.	ZEN OF WHAT COUNTRY
	13.	FATHER'S NAME James R. Truitt		14. MOTHER'S MAIDEN N	Milared V. Bra	dford
0	15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give for or dotes of service) 218-	SECURITY NO. 17. IN	James R.	Truitt Wills	rds, Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractiz	b), and (c).]	cal spine		INTERVAL BETWEEN ONSET AND DEATH
	0	Conditions, if ony, which)				
		gave rise to immediate couse (a), stating the underlying cause last. (c)				
	MOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
0	15					PERFORMED?
0	CERTIFICA	PRIMARY LA OF CONTRIBUTING []		ler nature of injury in Port		PERFORMED?
22	CAL CERTIFICA	CAUSE OF DEATH. Deceased W 20c. TIME OF INJURY Month, Day, Year 20d, INJURY C Hour g, m. While N	Cas driving OCCURRED 20e. PLAC	car that str E OF INJURY (Home, form, ry, street, office bldg., etc.)	ruck a culvert R F	PERFORMED? YES NO THE
22	CERTIFICA	20c. TIME OF INJURY Hour o. m. p. m. 6-10 19 56 of work 0 of work 10 of work	as driving DCCURRED 200. PLAC foctou I work High	car that str E OF INJURY (Home, form, y, streel, office bldg., etc.) thway e, held an Autapsy	nuck a culvert R F 20f. (City or town) (Con neaberlin Wicom	PERFORMED? YES NO THE
22	CERTIFICA	20c. TIME OF INJURY Hour o. m. p. m. 6-10 21. I certify that I taak charge af the remain death resulted from: Natural causes ACTUAL	as driving DCCURRED 200. PLAC foctou I work High	car that str E OF INJURY (Home, form, ry, street, office bldg., etc.) rhway e, held an Autapsy ide , Hamicide	nick a culvert R F 20f. (City or town) (Con neaberlin Wicom) , Inspection , Inquir , Undetermined couse	PERFORMED? YES NO THE N
	CERTIFICA	20c. TIME OF INJURY Hour o. m. p. m. 6—10 19 56 of work 21. I certify that I taak charge af the remain death resulted from: Natural causes, Actual signature EXAMINER'S	as driving DCCURRED 200. PLAC foctou I work High	car that str E OF INJURY (Home, form, ry, street, office bldg., etc.) thway e, held an Autapsy ide , Hamicide	muck a culvert R F 20f. (City or town) (Con neaBerlin Wicom	PERFORMED? YES NO THE YES NO THE YES NO THE (State) i co Md. Y X, and find tha
	MEDICAL CERTIFICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work of wore work of	as driving DCCURRED 200. PLAC foctou I work High	car that str E OF INJURY (Home, form, y, street, office bldg., etc.) Thway e, held an Autapsy ide , Hamicide M.D. CHIEF MEDICAL EX. ASSISTANT MEDICAL E	muck a culvert R F 20f. (City or town) (Con neaDerlin Wicom Inspection Inquir Undetermined couse AMINER EXAMINER 22d. LOCATION (City, town, or county)	PERFORMED? YES NO THE YES NO THE YES NO THE (State) i co Md. Y X, and find tha

PARTYLAND STATE DEPARTMENT OF REALLY - BALTIMORE, SEE SEEDINGATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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Reg. Dist. No. 332

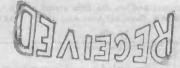
1. PLACE OF DEATH		1 2. USUAL RESIDE	ICE (HOME) OF DECEAS	SED
county Witnessian	The same of the sa		L. L. Land	
COUNTY Wicomico CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	STATE Mary		comico
OR and give nearest town)	(in this place)	OR	orate limits, write RURAL and give	nearest town)
TOWN Nanticoke	Lifetime	TOWN Nant	cicoke	X
HOSPITAL OR		STREET	(If rural give location	on)
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Lucy	Jane	Walter	DEATH June	16 54
	ED. 8. DATE C			16 19 56 IDER 1 YEAR IF UNDER 24 HRS.
S. SEX 6. COLOR OR 7. SINGLE, MARR. WIDOWED, DIV	ORCED,		Month	
	ngle Aug.	3,1876	79 yrs. 10	
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even If	ID OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
satisfaction of the same of th	xtension	Nanticoke.	Maryland	U.S.
	ervice)	14. MOTHER'S MAIDEN	NAME	0.0
m and a second		777	***************************************	
Levin Thomas Walter		Emily S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
No		Levin Wal	ter. Nantico	ke, Maryland
T DISTASSE OF COMPUTANCE DIFFERENCE DE PERENCE DE PEREN	18. MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, 1	0. 1	Viel Land	ONSET AND DEATH
IMMEDIATE CAUSE (A)	ete Coron	any 14 cc.	MISURE!	1 Lews.
ANTECEDENT CAUSE(S) DUE TO		0 11	n on the	
DISEASES OR CONDITIONS, IF ANY, (B)	duoscelle	atic Alcin	- Disease	SHEEDE.
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH,				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, fectory, office bldg., etc.)	tic. WHERE DID INJURY OCCU	R? (City or town) (C	County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCU	R?	
M. at w				
	77. 6 -70	1	11 3	
22. I hereby certify that I attended the dece			19, tha	
alive on 195.0, and	that death occurred at	M, from the	causes and on the date st	ated above.
SIGNATURE		ADD	RESS (Street, city, town, state)	DATE SIGNED
Kingle the Cally	Je sol M.D.	May hart	e. M.O	10111111
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	unty) (State)
	CA 30	a .	(7)	
Burial 6/18/56 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	ISt. Mary's	Cemetery 1 25 FUNERAL DIRECTOR'S	Tyaskin, M	aryland
\sim \sim \sim \sim	7/00	45. PUNEKAL DIRECTOR'S		ADDRESS
DATE 6-22-50 Mary N.	Holloway	W. II WI	esset Bival	ve, Maryland

CERTIFICATE OF DEATH

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BUREAU V. E.

9961 38 NNC



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- AZO 0208	ute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ctar. Page 4 shauld be		FUNE DRECTOR: Page 3 should be used as a burial-fronti permit File page 1. July the society principle	ernandri,
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TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decessary, please certificate, writing the ward "pending" in pending" in pending" in pending" in pending" in pending" in pending in the funer of the Pages 1. 2. and 3 to the funer of the Pages 1. 2. and 3 to the funer of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined for your this. 2. SEX MEDICAL EXAMINER: The Company of the funer of the function of the funer of the funer of the function of the	1			
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	5M 9/55	111		waa

116690 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. CE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Wicomico b. COUNTY MARYLAND Marvland Wicomico TY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury AME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? andv Hill Beach YES NO First Middle Last DATE Month Day Year OF Norman Whalev DEATH 6 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Dovs Hours Min. WIDOWED [DIVORCED [yes. UAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTUPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) HER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IN ERVAL BETWEEN Drowning Sudden IMMEDIATE CAUSE (0) DUE TO DUE TO

DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: nditions, if ony, which re rise lo immediate couse stoting the underlying se lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A EXTERNAL CAUSE WAS MARY DAOR CONTRIBUTING DUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Found floundering in water face down at Sandy Hill Beach. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year (County) (Slote) While Not while of work factory, street, office bldg., etc.) Beach Salisbury Wicomico Md. I certify that I taak charge of the remains described above, held an Autapsy Inspection InquiryXX, and find that ath resulted fram: Natural causes Accident X Suicide Homicide . Undetermined cause TUAL DATE SIGNED CHIEF MEDICAL EXAMINER NATUR ASSISTANT MEDICAL EXAMINER AMINER'S Earl L. Rover, M.D. ME (Type) DEPUTY MEDICAL EXAMINER 6-20-56 RIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) WVAL (Specify) RAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BUREAU V. S.

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6699	CERTIFICATE	OF	DEATH	Re

18	06691
Reg.	Dist. No. 332

1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceared a. STATE Marchand.	sed lived. If institution: Residence b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside carporote limits, w RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp	porate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in haspital, give so OR INSTITUTION LENINGULA GENE	RAL Hespital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES , NO
3. NAME OF First DECEASED (Type or print) TABLE	Middle ELLEN	Waller 4. DATE OF DEAT		Day Year 29 1956
Female Coloned with	DOWED O DIVORCED	B. DATE OF BIRTH JULY 10, 1885	last birthday) Months 70 yrs.	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) #6 U 5 E W C R K 13. FATHER'S NAME	HOME	WICOMICO CO.		4.5.A.
HENRY HUTT		14. MOTHER'S MAIDEN NAME HENNIE (MAIL		KNO WN)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16s. no. or phinown) (1f yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter anly one cause p	UNKNOWN N		THOMAS - MA	RDELA MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. (c)	Cerebrova Hyperter	scula au	edut.	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER			desertion of the second	PERFORMED? YES NO
	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	art II of item 18.)	
Hour a.m.	20e. PL While Not while far It work at wark	ACE OF INJURY IHame, form, 20f. (Citory, street, affice bldg., etc.)	ty or town) (Co	aunty) (State)
21. I certify that I attended the decalive an June 29 ACTUAL SIGNATURE PARTIE C;		occurred at 2:50 PM, fro	29, 19.56., that I loam the causes and an the (Street, city or town, stote) Macyland	
PHYSICIAN'S ANUREW C.	Mitchell			
	22c. NAME OF CEMETERY OF MT. NEBO	CEMETERY NET	ATION (City, town, or county) OR DELMAR,	DELA WARE
J. Frampton & Sor,	Ederaleburg	1 240. REC'D 8Y REGI DATE 7-2-3	STRAR 246. REGISTRAR'S SIGN	Horray

CERTIFICATE OF DEATH

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THE CHARGE IN THE PROPERTY OF

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MARYLAND S	STATE	DEPARTMEN	NT OF	HEALTH-	-BAL	TIMORE,	18
6713 MEDICA	L EX	AMINER'S	CERT	IFICATE	OF	DEATH	

8 (16692 Reg. Dist. No. 332

a. COUNTY	Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY	rcester
	autside corporate limits, write RURA	c. LENGTH OF STAY IN 16		corporate limits, write RURAL or	
Sharp	town		Finchvil	le	09x-2
	own drawbridge	in hospitat, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print)	First Charles	Middle	tost 4. DATI OF DEA'		Day Year 16- 19 56
5. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED 1	. DATE OF BIRTH	Anna Salash Anna	R TYEAR IF UNDER 24 HRS.
M	C WID	OWED DIVORCED	August 22, 1949	6 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done g life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign		TIZEN OF WHAT COUNTRY?
None		None	Dorchester Co	., Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Charl	les H. William	ns	Mary Lee Tilg	hman	
IN an anishment a	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT	Address	
(res, no, or unknown)	(ii.) and Mor or other or service)		harles H. William	ms. Federalsbur	g. Md.R.F.D.
	TH [Enter only one cause per				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Drowning			Sudden
1 824x	IMMEDIATE CAUSE (o)	DIOWILLIE			Suuden
C	DUE TO				
Conditions, if or	liole couse				
(a), stoting the u					
couse lost.) (c)				
PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 13
PART II. OTH 200. EXTERNAL CAU PRIMARY LAOR CON CAUSE OF DEATH.	NTRIBUTING 🗆	SCRIBE HOW INJURY OCCURRED. (E		Charles 117 July 1	
	Pass Y Month, Day, Year	senger in car that 20d. INJURY OCCURRED 200. PLA	t ran off open dr	awbridge throu	
Hour o. m.		While Not while fact	ory, street, office bldg., etc.)	City or rown) (Co	ounty) (Stote)
				Sharptown Wico	mico Md.
21. I certify th	at I taak charge af t	the remains described abo	ve, held an Autopsy [],	Inspection X, Inqui	iry 📆, and find that
death resulted	from: Natural cause	es , Accident , Sui	cide, Hamicide,	Undetermined cause	J
ACTUAL	S IL	Rose	/		DATE SIGNED
SIGNATURE		·	_M.D. CHIEF MEDICAL EXAMINER		
EXAMPLES'S		0	ASSISTANT MEDICAL EXAM	INER [
NAME (Type)	Earl L. Roye	r. M.D.	DEPUTY MEDICAL EXAMINE	6_18_	56
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF June 21, 195	22c. NAME OF CEMETERY OR	6	CATION (City, town, or county) leralsburg, Mary	(Stote)
23. FUNERAL DIRECTOR'		ADDRESS	24g, REC'D BY REC		
		Federalsburg, Mar	1.0 k	-6-1 MA	11 71.01
9.9. LT. SHIP OF	All CIET D OIL	everarente et.	DATE 6 de	Up Maryu	1. MKLAMOU

JUN 21 1956

His Lean Street, Language Links - 12 and Parel A

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. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

1956

ON A FARM?

Reg. Dist. No.

Dorcester

Day

IF UNDER TYEAR

Months

Housework	nome	Dorcheste	er vo	MaryLand	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
George Tilghman		Rosealee	e Collin	S	
5. WAS DECEASED EVER IN U. S. ARMED FORCE:		17. INFORMANT		Address	
No	Unknown	Charles H. Wil	lliams,	Federalsbu	rg, Md.R.F.D.
18. CAUSE OF DEATH [Enter only one cause p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or line for (o), (b), ond (c).] Drowning				INTERVAL BETWEEN ONSET AND DEATH Sudden
DUE TO					
Conditions, if any, which gove rise to immediate couse (a), stating the underlying (c).					
PART II, OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMII	INALDISEASE CO	NOITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY DI or CONTRIBUTING LI		that went through		Later Committee of the	en drawbridge.
20c. TIME OF INJURY Month, Day, Year 9 P p. m. 6-16 19 50	20d. INJURY OCCURRED 20 While Not while at work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Sharptown drawb	.) ;		icomico Md,
21. I certify that I taak charge of	the remains described	abave, held an Autapsy	y , Inspe	ctian 🔀 🖛 Inqu	iry X, and find that
death resulted from: Natural cau	ses , Accident X,	Suicide, Hamicide	, Under	ermined cause].
ACTUAL SIGNATURE EACH L	Ryen	M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S		ASSISTANT MEDICA			1.452/164.20 PM
	, M.D.	DEPUTY MEDICAL E			18_56
burial (Specify) Burial June 21, 1	956 Federal H	RY OR CREMATORY		(City, town, or county)	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S S	GNATURE/
J.J. Framptom and Son, I	ederalsburg, M	aryland DATE 6.	2006	Mary &	V. Holloway
		TENUM PARKET		/	

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	1	8

6791 CERTIFICATE OF DEATH

Reg. Dist. No. 9325

1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	2. USUAL RESID	Maryla	1	. If institution		efore admis	
b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town) Salisbury	its, write c. LENGTH C	F STAY IN 16	c. CITY OR T	OWN (If outside Salisb	de corporote lin	nits, write RI	URAL ond give	nearest fow	n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, o			d. STREET A	DDRESS	rooklyn	Ave.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) CE	LARLES RUSS	SELL SELL	Middle	YOH		DATE OF DEATH	JUI		5 th	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH		9. AG last	birthday)	Months Day		ER 24 HRS.
Musicia	ION (Give kind of work prking life, even if retired an (Piano-Org	100 1 9 2	NESS OR INDU B.O.C. adio-T.	1/47 m4	ACE (Stote or fington,				S.A.	COUNTRY?
13. FATHER'S NAME			T Bay	14. MOTHER'S	MAIDEN NAM	E				
George	Yohe			Etha	Parsons	s				
1S. WAS DECEASED EN (Yes, no. or unknown) UNK	/ER IN U. S. ARMED FOR (It yes, give war or dates of s			rs. Claud	ia Yohe	e(Wife)	Addr 113 P	rookly	a Ave.	
Conditions, if gave rise to couse (a), stoling lying cause lost	any, which immediate g the under:	Cerena	ing a	al my	mar	gears	2		S Z	1s
ICATI		DITIONS CONTRIBUTING						EN IN PART 1(o	PERFC	AUTOPSY ORMED?
	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter nature of	f injury in Port	I or Part II of i	item 1B.)			
20c. TIME OF INJU	10	or 20d. INJURY OCCUR While Not while of work at work	e_ fo	ACE OF INJURY () ctory, street, office	tome, farm, 2 bldg., elc.)	20f. (City or tow	vn)	(Coun	ty)	(State)
alive on	that attended the	auf l	na	M.D. <u>334</u>	Camden	PRESS (Street, ci	causes a ity or town,	state)	date stat	
220. BURIAL, CREMATI REMOVAL (Specif			of CEMETERY O		220	Salisb		r county) (arylan	(Stot	re)
23. FUNERAL DIRECTO HOLLOWAY &		ADDRESS			240. REC'D BY	REGISTRAR		TRAR'S SIGNA	-	langu

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